

EPWP CURRICULUM VITAE: 2024

WARD NO.:				VOTING STATION:			
FULL NAMES:				SURNAME:			
ID NO.:				CONTACT NO.:			
GENDER:	MALE		FEMALE		DRIVERS LICENCE:	YES/NO	CODE
DISABLED?:	YES		NO		TYPE:		
MARITAL STATUS	SINGLE		MARRIED		DIVORCED/SEPARATED		
PHYSICAL ADDRESS:							
GRADE PASSED / QUALIFICATIONS:							
SKILLS ACQUIRED:							
EXPERIENCE:							
INDIGENT HOUSEHOLD?	YES		NO		NO INCOME HOME?	YES	NO
ARE YOU CURRENTLY WORKING?	YES		NO		EMPLOYED BY NMBM IN THE LAST 5 YEARS?	YES	NO
IF SO, PLEASE SPECIFY	EPWP		DIRECTORATE		SKILLS DEVELOPMENT		
Any false or incorrect information provided in this section will render your agreement null and void (not legally binding) and your services will be terminated immediately.							
REFERENCE:				CONTACT DETAILS:			
DATE:				Applicant Signature:			
WARD COUNCILLOR STAMP				EPWP STAMP			

FOR OFFICE USE :

RECRUITED	FROM		PROJECT NAME	
	TO			
	DURATION		VOTE NO.	