

## NEWCASTLE MUNICIPALITY VACANCIES

The following vacancies exist in the department as mentioned hereunder:-

## **DEPARTMENT: COMMUNITY SERVICES**

| Position                                 | Hydraulic Operators (X3): Post ID's: COMM1494, COMM1760 and COMM1772   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Remuneration  Qualifications  Experience | R195 282,77 per annum (Task Grade 07)  |  |  |  |  |  |  |
|  | <ul> <li>Matric (Grade 12)</li> <li>Be able to communicate in one of the official languages (Isizulu, English and Afrikaans)</li> <li>Must be physically fit to perform manual duties</li> <li>Shortlisted candidates will undergo a fitness testing</li> <li>12 Months' Experience</li> </ul>   |  |  |  |  |  |  |
|  | <ul> <li>Issuing plastic refuse bags to household and gathering refuse bags, litter and waste and stack filled refuse bags for collection by removal vehicle.</li> <li>Loading of refuse bags.</li> <li>Remove accumulated sand / soil inside a gutter.</li> <li>Empty pole and other litter bins within designated areas.</li> <li>Give immediate attention to and remove motor vehicle accident debris and also spillages upon roads.</li> <li>Operation of actual compaction, ejection hydraulic equipment, joystick of grab truck and lifting gear of skip loading truck.</li> <li>Cleaning up of spillages as a result of the movement of containers and refuse bags.</li> <li>Assisting the driver with regards to control particularly in high density traffic or when reversing.</li> <li>Remove animal carcasses from public road and report it for collection.</li> <li>Safe keeping and maintenance of equipment used.</li> <li>Assist with application of lime or sand to oil, fuel or mechanical spillages upon roadways reported and removal of spillage material.</li> <li>Washing and cleaning of refuse removal vehicles, wash bay, parking areas and depot daily or when required after work round.</li> <li>Report damage to equipment and private property.</li> <li>Perform any other duties that may be assigned from time to time by the Supervisor / Foreman.</li> <li>Identify hazardous waste (medical waste) and reporting on it to Driver / Supervisor.</li> </ul> |  |  |  |  |  |  |

Detailed CV's can be placed in the box with the Security: Rates Hall, Tower Block, 1st Floor, Murchison Street, Private Bag X6621, NEWCASTLE, 2940. For further information you may contact the Manager: Waste Management: Community Services: Mr N Swanepoel at 034 – 328 7784.

- Canvassing for appointment will automatically disqualify an applicant.
- If no reply to your application has been received within 60 days of the closing date, you should consider your application as being unsuccessful.
- The Directorate: Human Resources will not accept responsibility for information not mentioned in applications.
- NO late applications will be accepted.
- NO e-mails or faxes will be accepted.

- The Directorate: Human Resources will not be held responsible for lost applications unless proof of submission can be supplied.
- All applicants may be required to undergo a proficiency test.
- NO applications shall be considered without certified copies of the original documents of qualifications.
- The Newcastle Municipality adheres to the provisions as contained in the Employment Equity Act to ensure representativity through the process of affirmative action.
- It would be expected of candidates to be subjected to thorough evaluations and that previous and current employers and references will be contacted. Verifications will be done on his / her qualifications, criminal and credit records.
- Applicants must have no criminal record or pending criminal/departmental or civil cases. The candidate will be required to
  disclose all financial interest and will be subjected to competency assessment.
- Applicants will be subjected to a vetting process which will include security screening and fingerprint verification.
- Applicants should be a South African citizen or permanent resident.
- SHOULD the candidate be successful in the interview and thereafter decline the offer, such candidate will be liable for all costs incurred to have the position re-advertised.
- The attached application form for employment must be completed in full, accurately, and legibly.
- All information relevant to a candidate must be provided on this form.
- Any additional information may be provided on the cv.

**CLOSING DATE: 09 SEPTEMBER 2022** 



## **NEWCASTLE MUNICIPALITY**

## APPLICATION FOR EMPLOYMENT

| WHAT IS THE PURPOSE OF THIS FORM   | A. THE ADVERTISED POST   |  |   |   |             |  |  |
|--|--|--|---|---|-------------|--|--|
| To assist the district municipality in selecting a person for an advertised post.  | Position for which (as advertised)   | ch you are applying                                | Newspaper where the position was advertised |   |             |  |  |
| This form may be used to identify candidates to be interviewed.  |  |  |   |   |             |  |  |
| Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly. | Reference numb<br>advert)  | per (if stated in the                              | wh<br>no                                    | If you are offered the position, when can you start OR how much notice must you serve with your current employer? |             |  |  |
| WHO SHOULD COMPLETE THIS FORM  | B. PERSONAL INFORMATION  |  |   |   |             |  |  |
| Only persons wishing to apply for an advertised position at Newcastle  | Surname  |  |   |   |             |  |  |
| Municipality.  | First Names  |  |   |   |             |  |  |
| ADDITIONAL INFORMATION   | Date of Birth  |  |   |   |             |  |  |
| This form requires basic information.  | ID number  |  |   |   |             |  |  |
| Candidates who are selected for interviews will be requested to furnish  |  | African  | White                                       | Coloure   | ed Indian   |  |  |
| additional certified information that may be required to make a final selec-   | Gender   |  |   | FEMALI  | E MALE      |  |  |
| tion.  | Do you have a d  | lisability?  | YES   | NO  |             |  |  |
| SPECIAL NOTES  | Are you a South African Citizen?   |  |   | YES   | NO          |  |  |
| <ol> <li>All information will be treated with<br/>the strictest confidentiality and will</li> </ol>  | If no, what is your Nationality  |  |   |   |             |  |  |
| not be disclosed or used for any other purpose than to assess the  | And do you have  | e a valid work Perr                                | YES   | NO  |             |  |  |
| suitability of a person, except in so<br>far as it may be required and<br>permitted by law.<br>Your personal with the details in a court                         | offence or employment?   | een convicted of a<br>been dismissed               | YES   | NO  |             |  |  |
| correspond with the details in your II or passport.  | Do you have a dr   | river's license?                                   | YES   | NO  |             |  |  |
| 2. Passport number in the case of  | Are you computer literate?   |  |   | YES   | NO          |  |  |
| non-South Africans.  | Are you disabled   |  | YES NO                                      |   |             |  |  |
| This information is required to<br>enable the department to<br>comply with the Employment<br>Equity Act, 1998.   |  | e<br>ofessional membersh<br>? If yes, provide info | y YES                                       | NO  |             |  |  |
| This information will only be taken into account if it directly relates to the requirements of   | Name of profession   | ,  | Members<br>number                           | ship  | Expiry date |  |  |
| the position.  | C. HOW DO WE CONTACT YOU  Professed language for correspondence?             |  |   |   |             |  |  |
| Applicants with substantial qualifications or work   | Preferred language for correspondence?  Telephone number during office hours |  |   |   |             |  |  |
| experience must attach a CV.   |  |  | Juis  |   |             |  |  |
| 6. Correspondence contact  | Physical Address   |  |   |   |             |  |  |
|  |  |  |   |   |             |  |  |

| details (in terms of above)   | Prefe                 | Preferred method for correspondence |   |         |           | e      | Post E-       |        | E-r           | -mail Fax |         |  |
|---|-----------------------|-------------------------------------|---|---------|-----------|--------|---------------|--------|---------------|-----------|---------|--|
|   |                       |                                     | pondence contact details (in terms above) |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| D. LANGUAGE PROFICIENCY -   | state '               | good                                | d', 'fair' or 'p                          | oor'    |           |        |               |        |               |           |         |  |
|   | Languages (specified) |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| Speak   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| Read  |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| Write   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| E. QUALIFICATIONS (please ign   | oro if w              | ou bo                               | wo attachor                               | 4 a C\  | / with th | 2050   | dotails       |        |               |           |         |  |
| Name of School / Technical Co   |                       |                                     | Highest                                   |         |           |        |               |        | Voar          | Ohta      | inod    |  |
| Name of School / Technical Co   | niege                 |                                     | nignest                                   | quaiiii | Lation 0  | Dlaiii | eu            |        | Year Obtained |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| Tertiary edu  | cation                | (com                                | plete for ea                              | ich qu  | alificati | ion yo | ou obta       | ined   | )             |           |         |  |
| ·   |                       |                                     |   | -       |           |        |               |        |               |           |         |  |
| Name of Institution   |                       | Name of Qualification               |   |         |           |        | Year Obtained |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| Current study (institution and qu   | ıalificat             | ion)                                |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| F. WORK EXPERIENCE (please ig   | nore if               | VOII I                              | have attach                               | ed a (  | `\ with   | those  | a details     | .1     |               |           |         |  |
| From - to Employer (included)   |                       | -                                   | Post held                                 | eu u (  |           |        | deidiis       | TO     |               | Pos       | son for |  |
| current employer)   | 11119                 | rost field                          |   |         | FROM      |        |               |        | . •           |           | Leaving |  |
|   |                       |                                     |   |         | MM        | YY     | ′ MI          | М      | YY            |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment |                       |                                     |   |         |           |        | NO            |        |               |           |         |  |
| If yes, provide the name of the   | oreviou               | s emp                               | oloying depa                              | rtment  |           |        |               |        |               |           | 1       |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |
| G. REFERENCES (please ignore  |                       |                                     |   |         | h these   | deta   |               |        |               |           |         |  |
| Name  | R                     | elatio                              | nship to you                              |         |           |        | Tel. N        | ۱o. (c | office h      | ours)     |         |  |
|   |                       |                                     |   |         |           |        |               |        |               |           |         |  |

| DECLARATION  |       |  |  |  |  |  |
|--|-------|--|--|--|--|--|
| I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed. |       |  |  |  |  |  |
| SIGNATURE:   | DATE: |  |  |  |  |  |