

PRINS ALBERT MUNISIPALITEIT



MAGTIGING VIR DIE PROSESSERING VAN PERSOONLIKE INLIGTING OOREENKOMSTIG DIE WET OP DIE BESKERMING VAN PERSOONLIKE INLIGTING, WET 4 VAN 2013

TOESTEMMING EN VRYWARING DEUR AANSOEKER

VAKATURE / POS											
AFDELING 1 : TOESTEMMING											
<p>Ek het aansoek gedoen by Prins Albert Munisipaliteit en het relevante inligting verskaf. Ek verleen magtiging aan my voormalige en huidige werkgewers, asook referente om die inhoud van my diensrekord bekend te maak en om addisionele inligting wat benodig word vir my aansoek om indiensneming, aan Prins Albert Munisipaliteit te verskaf.</p> <p>Ek magtig Prins Albert Munisipaliteit om alle verklarings in my aansoek te ondersoek en alle inligting rakende my vorige/huidige diensrekord te bekom. Hierdie inligting kan insluit beoordelings/evaluerings, salarisgeskiedenis, dissiplinêre optrede(s), indien enige en alle ander aangeleenthede rakende my werksgeskiedenis.</p> <p>Ek vrywaar alle voormalige en huidige werkgewers, referente en Prins Albert Munisipaliteit van enige aanspreeklikheid wat mag voortspruit uit die verskaffing en/of ontvang van inligting rakende my werksgeskiedenis, my kwalifikasies, my geskiktheid vir werk by Prins Albert Munisipaliteit en watter sodanige inligting ookal relevant mag wees.</p> <p>Ek magtig Prins Albert Munisipaliteit om toegang te verkry tot my persoonlike inligting en agtergrondondersoeke uit te voer (nie beperk tot die onderstaande) wat nodig mag wees:</p> <table><tr><td>Kredietwaardigheid</td><td>Kwalifikasie(s)</td></tr><tr><td>Werkswerwysings</td><td>Kriminele oortredings</td></tr><tr><td>Bedrog</td><td>Sanksies</td></tr><tr><td>Identiteitsverifikasie</td><td>Versekeringsregulasies</td></tr><tr><td>Bestuurderslisensie</td><td>Sosiale media</td></tr></table> <p>Hierdie vorms kan gekopieër of gereproduseer word as 'n faks/e-pos en hierdie kopieë is net so goed soos die oorspronklike wat deur my onderteken is.</p>		Kredietwaardigheid	Kwalifikasie(s)	Werkswerwysings	Kriminele oortredings	Bedrog	Sanksies	Identiteitsverifikasie	Versekeringsregulasies	Bestuurderslisensie	Sosiale media
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AFDELING 2 : HANDTEKENING											
<p>Hiermee bevestig ek die ondergetekende dat die inligting soos verstrek in my aansoek, korrek en op datum is.</p>											
NAAM EN VAN	_____										
IDENTITEITSNOMMER	_____										
HANDTEKENING	_____										
DATUM	_____										

PRINCE ALBERT MUNICIPALITY

CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPIA)



CONSENT & INDEMNITY BY APPLICANT

VACANCY / POST											
SECTION 1 : CONSENT											
<p>I have applied for employment with Prince Albert Municipality and have provided relevant information. I authorize my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Prince Albert Municipality, whether the information is positive or negative.</p> <p>I authorize Prince Albert Municipality to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, salary history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Prince Albert Municipality from any and all liability that may arise from giving and/or receiving information about my employment history, my qualifications, my suitability for employment with Prince Albert Municipality and whatever information may be relevant.</p> <p>I authorize Prince Albert Municipality to access my personal information and conduct the following background screening checks (not limited to the below mentioned) that may be needed:</p> <table data-bbox="193 1249 1401 1429"><tr><td>Credit Check</td><td>Qualifications</td></tr><tr><td>Reference</td><td>Criminal Checks</td></tr><tr><td>Fraud Check</td><td>Sanctions</td></tr><tr><td>Identity Verification</td><td>Insurance Regulations</td></tr><tr><td>Driver's License</td><td>social media</td></tr></table> <p>This form may be photocopied or reproduced as a facsimile/e-mail, and these copies will be as effective as a release or consent as the original which I sign.</p>		Credit Check	Qualifications	Reference	Criminal Checks	Fraud Check	Sanctions	Identity Verification	Insurance Regulations	Driver's License	social media
Credit Check	Qualifications										
Reference	Criminal Checks										
Fraud Check	Sanctions										
Identity Verification	Insurance Regulations										
Driver's License	social media										
SECTION 2 : SIGNATURE											
<p>I hereby confirm that the information provided is true, correct and up to date:</p> <p>NAME AND SURNAME _____</p> <p>IDENTITY NUMBER _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p>											