

P. O. Box 36, Modjadjiskloof, 0835 Tel: (015) 309 9247, Fax: (015) 309 9419

4 Roths Street Civic Centre Modisdiskloof

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- 3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- 4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal Systems Act*, 2000 (Act No. 32 of 2000).

A. DETAILS OF THE ADVERT	ISED PO	ost (as re	flected in	n the adv	vert)				
Advertised post applying for									
Reference number									
Name of Municipality									
Notice service period									
B.PERSONAL DETAILS									
Surname									
First Names									
ID or Passport Number									
Race	-	African I Coloured Indian				White			
Gender					Female	Male			
Do you have a disability?						No			
If yes, elaborate					1				
Are a South African citizen?	⁄es		No						
If no, what is your Nationality?									
Work Permit Number (if any):									
Do you hold any political office in a political party, whether in a permanent, temporary or No									
acting capacity? If yes, provide information below.									
Political Party: Position: Expiry date:									
Do you hold a professional memb	pership w	vith any pro	ofessional	body?		No			
If yes, provide information: Yes									
Professional Body: Membership Number:				Expiry date:					
C.CONTACT DETAILS									
Preferred language for									
correspondence?									
Telephone number during office									
hours									
Preferred method for . correspondence (Mark with an X)		Post		E-m	ail	Fax			
Correspondence contact details									
(in terms of above)									

D.QUALIFICATION	NS (Additional in	nformation ma	y be provi	ided on y	our CV)						
Name of School / Te	chnical College	Highest Qualifi	ained	Year Obtained							
Name of Institution		Name of Qualification			NOE Lev	ما		Year Obtained			
Name of Institution		Name of Qualification			NQF Level			rear Obtained			
E.WORK EXPERIENCE Additional information may be provided on your CV)											
Employer (starting w		Additional lillo	Fron					eason for			
recent)	Posit	 			aving						
recent)			MM MM	YY	MM	YY	100	avirig			
The same state of the same sta							Na				
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment: Yes								No			
If yes, provide the n		rents your re-er	ipioyment:								
previous employing											
previous employing	municipality.										
	1										
F.DISCIPLINARY RECORD											
Have you been dism	issed for miscond	uct on or after 5	July 2011	?	Yes			No			
If yes, Name of Municipality/ Institution:											
Type of a Misconduct/ Transgression											
Date of Resignation/ Disciplinary case finalised											
Award/ sanction											
Did you resign from						Yes N		No			
of the disciplinary	proceedings? If	yes, provide de	etails on a	separate	!						
sheet.											
G. CRIMINAL REC		ance involving f	inancial mi	cconduct	Voc			ulo.			
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a							ľ	No			
separate sheet.			p								
If yes, type of crimir	nal act				<u> </u>						
Date criminal case fi											
Outcome/ Judgment											
H.REFERENCE											
Name of Refree Relationship		Tel(offic	Tel(office hours) Cellpho			one Number Ema		I			
	, , ,										
	•	<u>'</u>									
I.DECLARATION											
I hereby declare that all the information provided in this application and any attachments in support thereof is to											
the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any											
information may lead	d to my disqualifica	ation or terminat	ion of my e	mploymen	t contract,	if appoi	nted	d.			

Date:

Signature: