

ANNEXURE C

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 ADVERTISED POST (as reflected in the advert)				
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service period				
B. PERSONAL DETAILS				
Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male
Do you have a disability?			Yes	No
If yes, elaborate				
Are a South African citizen?			Yes	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 acting capacity? If yes, provide information below.				No
Political Party:	Position:	Expiry date:		
Do you hold a professional membership with any professional body? If yes, provide information below				No
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-mail	Fax	
Correspondence contact details (in terms of above)				

D. QUALIFICATIONS (Additional information may be provided on your CV)			
Name of School / Technical College	Highest Qualification Obtained	Year Obtained	
Name of Institution	Name of Qualification	NQF Level	Year Obtained

E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (starting with the most recent)	Position	From		To		Reason for leaving
		MM	YY	MM	YY	
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:				Yes		No
If yes, provide the name of the previous employing municipality:						

F. DISCIPLINARY RECORD		
Have you been dismissed for misconduct 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 your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.	Yes	No

G. CRIMINAL RECORD		
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 separate sheet.	Yes	No
If yes, type of criminal act		
Date criminal case finalised		
Outcome/ Judgment		

H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email

I. DECLARATION	
<p><i>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 to my disqualification or termination of my employment contract, if appointed.</i></p>	
Signature:	Date:

ANNEXURE D

DECLARATION OF CONFIDENTIALITY BY THE SELECTION PANEL MEMBER
INTERVIEWS FOR THE ADVERTISED POST OF
(NAME OF THE ADVERTISED POST)

Date: dd/mm/yy

I hereby declare that I have read the provisions of regulation 10 of the Local Government: Regulations on Appointment and Conditions of Employment of Senior Managers ("hereinafter referred to as the Regulations").

I hereby further declare that —

- (a) I have no personal interest in any of the interviewed candidates;
- (b) I do not have any relationship whatsoever with the interviewed candidates;
- (c) I am not indebted to any of the interviewed candidates or *vice versa*;
- (d) my participation in this interviews will not in any way constitute a conflict of interest or undue influence or attempt to influence the appointment or promotion for a spouse, partner, family member, friend or associate;
- (e) I will not discuss the outcome of these interviews or inform any candidate who has been interviewed about the outcome of these interviews; and
- (d) all the discussions emanating from the interview process will be kept strictly confidential and no information will be disclosed with any candidate or person who is not part of the Selection Panel until such time that the Municipal Council has approved the recommendations of the Selection Panel and the successful candidate has been duly informed about the outcome of the decision of Council.

Signed at on this day of 2013.

.....
Signature: Selection Committee Member

.....
Signature: Chairperson

ANNEXURE D

**DECLARATION OF CONFIDENTIALITY BY THE STAFF MEMBER PROVIDING
SECRETARIAL SERVICES DURING THE SELECTION PROCESS**

**INTERVIEWS FOR THE ADVERTISED POST OF
(NAME OF THE ADVERTISED POST)**

Date: dd/mm/yy

I hereby declare that I have read the provisions of regulation 10 of the Local Government: Regulations on Appointment and Conditions of Employment of Senior Managers ("hereinafter referred to as the Regulations").

I hereby further declare that —

- (a) I have no personal interest in any of the interviewed candidates;
- (b) I do not have any relationship whatsoever with the interviewed candidates;
- (c) I am not indebted to any of the interviewed candidates or *vice versa*;
- (d) my participation in this interviews will not in any way constitute a conflict of interest or unduly influence or attempt to influence the appointment or promotion for a spouse, partner, family member, friend or associate;
- (e) I will not discuss the outcome of these interviews or inform any candidate who has been interviewed about the outcome of these interviews; and
- (f) all the discussions emanating from the interview process will be kept strictly confidential and no information will be disclosed with any candidate or person who is not part of the Selection Panel until such time that the Municipal Council has approved the recommendations of the Selection Panel and the successful candidate has been duly informed about the outcome of the decision of Council.

Signed at on this day of 2013.

.....
Signature: Secretariat

.....
Signature: Chairperson

ANNEXURE E

APPLICATION FORM FOR LEAVE OF ABSENCE

Surname		Initials:	
Employee Number:		Senior Manager	Yes No
Address during leave :		Department:	
Tel. No.:		Business Unit:	
Type of leave taken as working days	Start date	End date	Number of working days
Annual leave			
Sick leave			
Leave for occupational accidents and diseases (Specify type of illness)			
Maternity leave (Attach medical certificate)			
Adoption leave			
Family responsibility leave (Provide evidence)			
Study leave (Provide evidence)			
Special leave (Specify type of special leave -Provide evidence)			
Type of leave taken as calendar days/ months	Start date	End date	Number of calendar days
<p><i>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I fully understand that if I do not have sufficient leave credits from my annual leave to cover for my absence, the provisions of unpaid leave will be invoked.</i></p> <p>.....</p> <p>SENIOR MANAGER' SIGNATURE DATE</p>			
Recommendation By Supervisor (Mark with X)			
Recommended	Not Recommended	Rescheduled	
REMARKS (If not recommended please state the reasons and the dates in the case of rescheduling):			
.....			
SIGNATURE OF SUPERVISOR DATE			
Approval by Municipal Manager/ Mayor (Mark with X)			
Approved with full pay	Approved without pay	Not approved	
REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):			
.....			
SIGNATURE OF MUNICIPAL MANAGER/ MAYOR			DATE
DATA CAPTURING			
CAPTURED BY:..... CAPTURED ON:.....			
CHECKED BY:..... CHECKED ON:.....			

ANNEXURE F

DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) _____
 (Postal Address) _____

 (Residential Address) _____
 (Position Held) _____
 (Name of Municipality) _____
 Tel: _____ Fax: _____
 hereby certify that the following information is complete and correct to the best of my knowledge:

1. Shares, securities and other financial interests (Not bank accounts with financial institutions.)			
Number of shares/Extent of financial interest	Nature	Nominal Value	Name of Company/Entity

2. Interest in a trust	
Name of trust	Amount of Remuneration/ Income

3. Membership, directorships and partnerships		
Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income

4. Remunerated work outside the Municipality (Must be sanctioned by Council.)		
Name of Employer	Type of Work	Amount of remuneration/ Income

CONFIDENTIAL

Council

Signature by Mayor or Designate: _____ Date: _____

5. Consultancies, Retainerships and Relationships			
Name of Client	Nature	Type of business activity	Value of any benefits received

6. Subsidies, grants and sponsorships by any organisation		
Source of assistance	Descriptions of assistance	Value of assistance

7. Gifts and Hospitality from a source rather than a family member		
Description	Value	Member

8. Land and Property			
Description	Extent	Area	Value

SIGNATURE OF SENIOR MANAGER

DATE: _____

PLACE: _____