Tel No: 0422887200 Fax No. 0422880797

Postal Address: P/ BAG X011, Kareedouw 6400 Physical Address: No. 5 Keet Street, Kareedouw 6400

APPLICATION FOR EMPLOYMENT

KOUKAMMA MUNICIPALITY

TERMS AND CONDITION

- 1. The purpose of this form is to assist Koukamma 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 finish additional information that will assist Koukamma Municipality 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 design to assist Koukamma Municipality with the recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal System 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 name	
ID or	
Passport	
Number	

Race	African		Coloured	Indian		White
Gender		Fe	Female		Male	
Do you have	a disability?	Ye	5		No	
If yes, elabo	rate					_
Are you a So	outh African	Ye	5		No	
Citizen?						
If no, what i	•					
Nationality?	·					
Work Permi	t Number (if any):					
			a political party, whet	•	ent,	
		If y	es, provide information	on below.		
Political Par	ty:	Ро	Position:		Exp	iry date:
Do you						
hold a professional						
membership with						
any professional						
body?						
If yes,						
provide						
information below						
Yes					-	
Professional Body:		M	embership Number:		Exp	iry date:

C. CONTACT DETAILS	S			
Preferred languag	ge			
for				
Correspondence?				
Telephone number	er			
during				
Office hours				
Preferred	Post		E-mail	Fax
method for				
Correspondenc				
e (Mark with				
An X)				
Correspondence				
contact	contact			
Details (in terms of	Details (in terms of			
the above)				

D. SHCOLAR EDUCATION (Additional information may be provided on your CV)					
Name of School/ Technical College	Highest Qualification Obtained	Year Obtained			

E. POST SCHOOL			
EDUCATION			
(Additional			
information			
may be			
provided on			
your CV)			
Name of	Name of Qualification	NQF Level	Year Obtained
Institution			

F. WORK EXPERIENCE (Additional information may be provided in your CV)					
Emp		From	То		
loye	Position			Reason for leaving	
r					
(star					

ting with The mos t rece							
nt)		MM	YY	MM	YY		
					+		
1 '	leviously emplogenerates condition exists	•			Yes	No	
If yes, provide the name of The previous employing municipality	le the of revious bying						
G. DISCIPLINARY RECORDS							
Have	you been dismis	ssed for misco	onduct on o	r after 5 July 2011?	Yes	No	
If yes,	If yes, Name of Municipality/Institution:						
Type of a Misconduct/ Transgression							
Date of Resignation/ Disciplinary case finalized							
Award/Sanction							
Did you resign from your job on or after 5 July 2011 pending Finalization of the disciplinary proceedings? If yes provide details On a separate sheet.							

H. CRIMINAL RECORDS			
Were you convicted of a criminal offence involving financial Misconduct, fraud or corruption on or after 5 July 2011?	Yes	No	

				ı				
	If yes provide details on							
a separate sheet.								
If yes, type	If yes, type of criminal act							
Date crimin	Date criminal case finalized							
Outcome/J	udgment							
		'						
I. REFERENCE								
Name of	Relationship	Tel (offi	ce Cellph	one Em	ail			
Reference	'	hours)	<u>'</u>					
		11001101						
	<u> </u>							
	1	ı	l l	1				
J. DECLARATION	N							
I hereby de	clare that all the	information provi	ided in this applic	ation and anv att	tachments in			
I hereby declare that all the information provided in this application and any attachments in support therefore is to the best of my knowledge true and correct. I understand or failure to								
disclose any information may lead to my disqualification or termination of my employment								
contract, if appointed.								
communication, in	арроппеса.							
Signature:			Date:					
Jighatare.	Signature:							