

KOUKAMMA MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITION

- 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 finish 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 suitable of the applicant.
- 5. This form is design to assist 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 reflec	ted in the adve	rt)						
	Advertised post applying for									
	Reference number									
	Name of Municipality									
	Notice service period									
В.	PERSONAL DETAILS									
	Surname									
	First name									
	ID or Passport Number									
	Race	African	Coloured	Indian	White					
	Gender			Female	Male					
	Do you have a disability?			Yes	No					
	If yes, elaborate									
	Are you a South African Citizen?				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?	emporary or acting capacity? If yes, provide information below.								
	Political Party: Position:			Expiry dat	e:					
	Do you hold a professional membership with any professional body?									
	If yes, provide information be	low								
	Yes									
	Professional Body:	Membership I	Number:		Expiry date:					

C. CONTACT DETAIL	.S									
Preferred languag	ge for									
Correspondence?)									
Telephone numb	er during									
Office hours										
Preferred method	d for		Post E-ma				nail Fax		Fax	
Correspondence	(Mark with	h								
An X)										
Correspondence										
Details (in terms	of the abo	ve)								
D. QUALIFICATIONS	(Addition	al inforn	nation r	nav l	ne prov	/ided	on your CV)			
Name of School/	-	1	t Qualifi				Year Obtained			
College	Commodi	11181163	c Quaiii	catio	000		Teal Obtain	rear Obtained		
Name of Institute	<u> </u>	Name o	e of Qualification			Year Level		Year Obtained		
	·									
		1					l			
E. POST SCHOOL EDUCAT	ION (Addi	itional In	formati	on m	ay be p	orovid	ed on your C	√)		
Name of Institution	Qu	alificatio	on NQF Level				vel	Year Obtained		
	<u> </u>									
- WORK 5VD5D15N05	<u></u>	1. 6					0.4			
F. WORK EXPERIENCE		ai intorm					your CV)			
Employer (startin	_	From		То)			n for leaving	
with the most recent)		Sition	N 4 N 4	V/V	NARA VO					
			MM	YY	MM	YY				
			1							
16		1 1			1		W		Tat.	
If you were previously employed in Local Go			•				res		No	
whether any condition exists that prevents your re-employment: If yes, provide the name of								<u> </u>		
	וע									
The previous employing										
municipality										

G. DISCIPLINA	DA DECUBUS								
Have you been o	Yes		No						
If yes, Name of N	163		110						
	nduct/ Transgression								
	ion/ Disciplinary case fina	alized							
Award/Sanction	iony Disciplinary case fine	unzeu							
Did you resign fr	Yes		No						
Finalization of th	163		140						
On a separate sh									
On a separate si									
H. CRIMINAL RECORDS									
Were you convid	cted of a criminal offence	involving financial		Yes		No			
	ud or corruption on or aft	•							
If yes provide de	tails on a separate sheet	•							
If yes, type of cri	iminal act								
Date criminal ca	se finalized								
Outcome/Judgm	nent								
I DEFENSA									
I. REFERENCE		T 1/ (C)			1				
Name of	Relationship	Tel (office	Cellphone	<u> </u>	Emai	il			
Reference	•	hours)							
J. DECLARATION									
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.									
/ J - FF									
Signatur	Date:								