MATJHABENG LOCAL MUNICIPALITY



APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidate for an advertised post.
- 2. This form must be completed in full 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 strict 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*, (Act No.32 of 2000)

A. DETAILS	OF TI	HE ADVERTISED P	OST	(as refle	ected in the a	dvert)		
Advertised post applying for								
Reference number								
Name of Municipality								
Notice service period								
	_	B. PERSONAL	DETA	II C		_		
Surname		D. PERSONAL	DETA	IILO				
First Names								
ID or Passport Number								
	frican	Coloured		Indian		۱۸/	hite	
Gender	Amcan Coloured			Female		Male		
Do you have a disability?				Yes		No		
If yes, elaborate							,	
					Na	No		
If no, what is your Nationality?	Are you a South African citizen?			168		INU		
Work Permit Number (if any): Do you hold any political office in a political party, whether in a permanent, temporary or						No	No	
acting capacity? If yes, provide info			penn	ancni, i	emporary or	INC	,	
		ship Number:			Expiry date:			
Do you hold a professional member			nody?) If ves	_ ,	No	<u> </u>	
information Yes	ornp wi	ar arry protocoloriar	oody .	11 you,	provido	''`	,	
	Membership Number: Expiry date :					:		
The residence of the re								
		C. CONTACT D	ETA	ILS				
Preferred language for								
correspondence:								
Telephone number during office								
hours								
			E-m	-mail F			Fax	
correspondence (Mark with an X)								
Correspondence contact details (in terms of above)								
/								
D. QUALIFICATIONS								
Name of School /Technical College	, , ,		d	Year Obtained				
Name of Institution	Name of Qualification		NQF Level			Year Obtained		

	F WORK EVE		ianal infana	ation may be a	ام مین اما میا	20	21//
Casalayaa /		ERIENCE (Addit		nation may be pr	_		
Employer (starting with the most	Position	MM	rom YY	MM	To YY		Reasons for leaving
recent)							
	viously employed in that prevents your r		nt , indicate	e whether any	Yes	3	No
•	the name of the						
previous emplo	ying municipality:						
		F. DISC	CIPLINARY	' RECORD			
Have you been	been dismissed for misconduct on or before 5 July 2011?						No
If yes, Name of Municipality/Institution:							
	duct/Transgression						
Date of Resignation/Disciplinary case finalized							
Award/sanction							
Did you resign from your job on or after 5 July 2011? If yes, provide details on a separate sheet.						6	No
<u> </u>							
		G. Cl	RIMINAL F	FCORD			
Were you convi	cted of a criminal of				Yes	3	No
or corruption on or after 5 July 2011? If yes, provide details on a separate sheet							
If yes, type of c		•		•		•	
Date criminal ca	ase finalized						
Outcome/Judgr	nents						
		H.	REFERE	NCE			
Name of Referee	Relationship	Tel (office hou		Cellphone Nun	nber	E-mail	
							_

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 to my disqualification or termination of my employment contract, if appointed.					
Signature Date:					