

Advertised post

APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

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 form. Any additional information may be provided on the CV.

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

- 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 with the recruitment, selection and appointment of senior managers in terms of the Local Government: Municipal System Act, 2000 (Act No. 32 of 2000)

applying for				
Reference number				
Name of Municipality				
Notice service period				
B. PERSONAL DETAIL	LS			
Surname				
First Names				
ID or Passport Number				
Race	African	Colored	Indian	White
Gender			Female	Male
Do you have disability?			Yes	No
If yes ,elaborate				
Are you a South African citize	n?		Yes	No
If no, what is your				
Nationality?				
Work Permit Number (if any)				
:				
Do you hold any political office			ent, temporary or	No
acting capacity? If yes, provid	e information below	V		
	1			
Political Party:				
Do you hold any professional	membership with ar	ny professional bod	y? If yes, provide	No
information below yes				
	_			
Professional Body:				



C. CONTACT DETAIL	LS		
Preferred language for			
correspondence?			
Telephone number during			
office hours			
Preferred method for	Post	E-mail	Fax
correspondence (Mark with			
an X)			
Correspondence contact			
details (in terms of above)			

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

E. WORK EXPERIE	NCE(Additional in	formati	on may	be prov	vided on	your CV)
Employer (starting with	Position	From		То		Reason for
the most recent)						leaving
		MM	YY	MM	YY	
If you were previously employed in Local Government, indicate whether any condition exists that prevents your reemployment:		Yes		No		
If yes, provide the name of employing municipality:	the previous					

F. DISCIPLINARY RECORD		
Have you ever 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 finalized		
Award/ sanction		
Did you resign from your job on or after 5 July 2011 pending on a separate sheet.	Yes	No



Yes	No
	Yes

H.REFERENCES				
Name of Referee	Relationship	Tel(office ours)	Cellphone	Email
			Number	

I. DECLARATION		
I hereby declare that all the information provided in this appl	ication 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:	