

## APPLICATION FORM FOR EMPLOYMENT

## FOR SENIOR MANAGERS

## RICHTERSVELD MUNICIPALITY

## **TERMS AND CONDITIONS**

- 1. The purpose of this form is to assist the 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 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 the 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 ADVE				
Reference number				·
Name of Municipality				
Notice service period				· · · · · · · · · · · · · · · · · · ·
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B. PERSONAL DETAILS				
Surname				
First Names				
ID of passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male
Do you have a disability?			Yes	No
If yes elaborate				
Are you South African citizen			Yes	No
If no, what is your				
Nationality?				
Work Permit Number(if any)				

capacity? If yes, p								
Political Party:		osition:				xpire date:		
Do you hold a pro	fessional memb	pership with any	professior	nal body?	If yes, pro	vide in	formation	
below:								
Professional Body	•	Membershi	Membership Number:			Expire date:		
C CONTACT	DETAILS							
C. CONTACT								
Preferred languag correspondence?	e 101							
Telephone numbe	or during office		······································					
hours	ir during office							
Preferred method for		Post	Post E-mail			Fax		
correspondence (		1, 331			l un			
Correspondence of		in						
terms of above)		,						
		onal information						
Name of School/T	echnical	Highest Qualific	shest Qualification Obtained		Year Obtained			
College								
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Name of Institution		Name of Qualification			NQF Level		Year	
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Did you resign from y				
finalisation of the dis	ciplinary proceeding	gs? If yes, provide de	tails on	
a separate sheet.				
G. CRIMINAL RE	CORD			
Where you convicted	of a criminal offend	ce		
involving financial mi	sconduct, fraud or		-	
corruption on or afte	r 05 July 2011? If ye	S,		
provide details on a s	eparate sheet.			
If yes, type of crimina	l act			
Date criminal case fin	alised			
Outcome/judgement				
	,			
H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cell. Number	Email
				•
	LARATION			
I hereby declare that				
thereof is to the best				
failure to disclose any	-	ead to my disqualifica	ation or termination	on of my employment
contract, if appointed	·			
Signature:		Date:		
Jigiiatui C.		j Date.		

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