

## APPLICATION FOR EMPLOYMENT AT CITY OF TSHWANE

(THE TSHWANE METROPOLITAN MUNICIPALITY IS AN EQUAL-OPPORTUNITY EMPLOYER)

1. The purpose of this form is to assist the City of Tshwane in selecting suitable candidates for advertised posts.
2. No applications will be accepted after the stipulated closing date.
3. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided on this form. Any additional information may be provided on a CV.
4. Candidates who are shortlisted for interviews may be requested to furnish additional information that will assist the City of Tshwane to expedite recruitment and selection processes.
5. Medical, physical, competency and/or psychometric evaluations, in accordance with applicable legislation, could be prerequisites for appointment.
5. All information received will be treated with strict confidentiality and will not be used for any other purpose other than to assess the suitability of the applicant.
6. This form is designed to assist the City of Tshwane with recruitment, selection and appointment of suitable candidates in terms of the Local Government: Municipal Systems Act, 2000 (Act 32 of 2000).

### A. DETAILS OF ADVERTISED POST (as reflected in advertisement)

Advertised post being applied for	
Reference number	
Notice service period	

### B. PERSONAL DETAILS

Surname			
First name(s)			
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?			Yes
			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? If yes, provide the information below.			No
Political party	Position	Expiry date	
Do you hold a professional membership with any professional body? If yes, provide the information below.			No
Professional body	Membership number	Expiry date	

### C. CONTACT DETAILS

Preferred language of correspondence			
Contact numbers	Cell phone		Alternative number
Email address (if applicable)			
Residential address			
Postal address (if different)			

### D. DRIVER'S LICENCE(S)

License code(s) (eg C1, EB, etc)			
Expiry date of licence(s)			
Do you have a PDP?			Yes
			No
If yes, indicate the expiry date of the PDP.			

<b>E. QUALIFICATIONS (Additional information may be provided on your CV.)</b>						
Highest school qualification (grade) completed	Name of school/training institution	Year that qualification was completed				
Highest tertiary/technical qualification obtained	Name of institution	NQF level	Year obtained			
<b>F. WORK EXPERIENCE (Additional information may be provided on your CV.)</b>						
Are you currently employed?		Yes	No			
If yes, supply the name of your current employer and the period of employment.						
If currently a City of Tshwane employee, provide your designation and pay number.						
Other employers (start with the most recent)	Position	From		To		Reason for leaving
		MM	YY	MM	YY	
If you were previously employed in local government, indicate whether any condition exists that prevents your re-employment.		Yes	No			
If yes, provide the name of the previous municipality where you were employed.						
<b>G. DISCIPLINARY RECORD</b>						
Have you ever been dismissed for misconduct on or after 5 July 2011?		Yes	No			
If yes, indicate the name of the municipality/institution.						
Type of misconduct/transgression						
Date of resignation/disciplinary case finalised						
Award/sanction						
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate page.		Yes	No			
<b>H. CRIMINAL RECORD</b>						
Were you ever convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate page.		Yes	No			
If yes, provide the type of criminal act						
Date that criminal case was finalised						
Outcome/judgement						
<b>I. REFERENCE</b>						
Name of referee	Relationship	Telephone number (office hours)	Cell phone number	Email address		
<b>J. DECLARATION</b>						
I hereby declare that all the information provided in this application and any attachments in support thereof are 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 the termination of my employment contract, if appointed.						
Signature			Date			