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|  **ANNEXURE C** |
| **APPLICATION FORM FOR EMPLOYMENT** |

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| **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 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 strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant. |
| **5.** | This form is designated to assist 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). |

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| **A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)** |
| Advertised post applying for |  |
| Reference Number |  |
| Name of Municipality |  |
| Notice Service Period |  |

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| **B. PERSONAL DETAILS** |
| Surname |  |
| First Names |  |
| Identity 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 information below: |  |
| Political Party: | Position: | Expiry date: |
| Do you hold any professional membership with any professional body? If yes, provide information below: |  |
| Professional Body | Membership Number | Expiry Date: |

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| **C. CONTACT DETAILS** |
| Preferred language for correspondence |  |
| Telephone number during office hours |  |
| Preferred method for correspondence (mark with x) | Post | E-mail | Fax |
| Correspondence contact details (in terms of above) |  |

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

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| **E. WORK EXPERIENCE ((Additional information may be provided on your CV)** |
| Employer (starting 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 employing municipality: |  |

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| **F. DISCIPLINARY RECORD** |
| Have you been dismissed for misconduct on or after 5 July 2011? | Yes | No |
| If yes, Name of Municipality / Institution: |  |
| Type of Misconduct / Transgression |  |
| Date of Resignation / Disciplinary case finalized |  |
| Award/sanction |  |
| Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet. | Yes | No |

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| **G. CRIMINAL RECORD** |
| Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet | Yes | No |
| If yes, type of criminal act |  |
| Date criminal case finalised |  |
| Outcome / Judgment |  |

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| **H. REFERENCE** |
| Name of Referee | Relationship | Tel (office hours) | Cellphone Number | Email |
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| **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:** |