

## **ANNEXURE C**

## APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGERS IN TERMS OF THE LOCAL GOVERNMENT: MUNICIPAL SYSTEMS ACT, 2000 (ACT NO.32 OF 2000).

## **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 municipality 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 designed 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).

Government: Municip	al Systems Act, 2000 (Act	t No.32 of 2000).			
A. DETAILS OF THE	ADVERTISED POST (a	as reflected in the advert)			
Advertised post applying for					
Reference number					
Name of Municipality					
Notice service period					
B. PERSONAL DETA	ILS				
Surname					
First Names					
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):			<u> </u>		

Do you hold any political office in a political	party, whether in a	permanent,	temporary	or acting	Yes		No	
capacity? If yes, provide information below	·.							
Political Party:		Position:						
Do you hold a professional membership wit	h any professional b	oody? If yes,	provide Info	rmation	Yes		No	
below								
Professional body:	Membership Num	ber:		Expiry date:				
C. CONTACT DETAILS								
Preferred language for								
Correspondence?								
Telephone numbers during								
office hours								
Preferred method for correspondence	Post		email			Fax	Fax	
(mark with an x)								
Correspondence contact details						1		
(In terms of the above)								
D. QUALIFICATIONS (Additiona	l information may b	e provided o	n your CV)					
Name of school / Technical	Highest qualification Obtained			Year Obtained				
College								
Name of institution						l	Astronal	
Name of institution	Name of Qualification			NQF level		Year of	Year obtained	
E. WORK EXPERIENCE ( Addition	nal information may	y be provide	d on your C\	<b>/</b> )				
Employer( starting with The most recent)	Position From			То		Reason	Reason for	
		MM	YY	MM YY		leaving		
				1				
			<u> </u>				Γ	
If you were previously employed in local go								
prevents your re-employment:	vernment, indicate v	whether any	condition ex	dists that	Yes		No	

If yes, provide the name of the previous						
employing Municipality:						
F. DISCIPLINARY RECORD						
Have you been dismissed for misconduct of	on or after 5	Yes				No
July 2011?						
If yes, Name of Municipality/ Institution:						
Type of a Misconduct/ Transgression						
Date of Resignation/Disciplinary case finali:	sed					
Award / Sanction						
Did you Resign from your job on or after	5 July 2011	Yes				No
pending finalisation of the disciplinary prod	ceedings?					
If yes, provide details on a separate sheet.						
G. CRIMINAL RECORD						
Were you convicted of a criminal offence in	nvolving finan	cial mis	conduct, fraud	Yes		No
or corruption on or after 5 July 2011?						
If yes, provide details on a separate sheet.					I	
If yes, type of criminal act						
Date criminal case finalised						
Outcome / Judgement						
H. REFERENCE	<u> </u>					
Name of referee	Relationship	)	Tel (office hou	ırs)	Cellphone Number	email
I. DECLARATION						
I hereby declare that all the information pr	ovided in this	applica	ition and any at	tachn	nents in support ther	eof is to the best of my knowledge
true and correct. I understand that any miss	representatior	or failu	ure to disclose ai	าy info	ormation may lead to	my disqualification or termination
of my employment contract, if appointed.						
Signature:					Date:	