ANNEXURE C

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised
- post.

 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.

 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).

A. DETAILS OF THE AD	VERTISED POS	ST (as re	flected in t	he advert)		
Advertised post applying for						
Reference number						
Name of Municipality						
Notice service period						
B. PERSONAL DETAILS	3					
Surname						
First Names						
ID or Passport Number						
Race	African	Coloure	ed .	Indian	White	
Gender				Female	Male	
Do you have a disability?	Yes	No				
If yes, elaborate						
Are a South African citizen?					No	
If no, what is your						
Nationality?						
Work Permit Number (if any):						
Do you hold any political offic			r in a perm	nanent, temporar	ry No	
or acting capacity? If yes, prov		ow.			140	
Political Party:	Position:		Expiry date:			
Do you hold a professional r	nembership with ar	ny profes	sional bod	y? If yes, provid		
information below					No	
Yes						
Professional Body:	Membership Number:			Expiry date:		
C. CONTACT DETAILS						
Preferred language for						
correspondence?						
Telephone number during						
office hours						
Preferred method for						
correspondence (Mark with	Post		E-mail		Fax	
an X)						
Correspondence contact						
details (in terms of above)	<u> </u>					

D. QUALIFICATIONS (Additional inform	nation may be p	rovided	on your C	۷۱				
Name of School / Technic	al Highest Ou	Highest Qualification Obtained			Year Obtained				
College	, .,g.,oot a.c.	amouton obtain	- u						
00.1090									
Name of Institution	Name of O	validio atta		NOTI		V 054-	1		
Name of Institution	Name of Qu	Jamication		NQF Le	vei	Year Obta	inea		
E. WORK EXPERIENC	E (Additional inf	ormation may b	e provid	ded on you	r CV)				
Employer (starting with	Position	From		To		Reason for			
the most recent)	FUSITION	MM	YY	MM	YY	leaving			
				 					
		i i							
If you were previously em	ployed in Local (Rovernment indi	cate	Yes		No			
whether any condition ex				'**		'''			
If yes, provide the name		your ic ciriploys	IICIII.			L			
the previous employing	٠ <u> </u>								
_municipality:				 					
F. DISCIPLINARY REC	'ABD			 					
		- 6 - F 1 1	00440	Take		1 11			
Have you been dismissed		on or after 5 July	2011?	Yes		_ No			
If yes, Name of Municipal	ity/ Institution:								
Type of a Misconduct/ Tra	ansgression								
Date of Resignation/ Disc		licod							
	ipilitary case titla	iliseu							
Award/ sanction				<u> </u>					
Did you resign from you	Yes		No						
finalisation of the discipli	;								
on a separate sheet.									
G. CRIMINAL RECOR)								
Were you convicted of a criminal offence involving financial Yes No									
misconduct, fraud or cor									
provide details on a sepa		,	, ,	·					
If yes, type of criminal ac						l			
Date criminal case finalis									
Outcome/ Judgment									
Cutcomer adagment									
H. REFERENCE									
	otionobin	Tol (office bour	~\ T	Callabana	lumbor	Email			
Name of Referee Rel	ationship	Tel (office hour	s) (Cellphone N	aumper	Email			
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.									
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0 :			L			100 1 100 1			
Signature:		Da	te:						