

Mnquma Local Municipality • Corner King and Mthatha Street • Butterworth • 4960

Postal Address: • PO Box 36 • Butterworth • 4960

Tel: (047) 401 2400 • Fax: (047) 491 0195 • www. mnquma.gov.za

APPLICATION FOR EMPLOYMENT OF SENIOR MANAGERS

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised post.
- This form must be completed in full, accurately and legible. All substantial 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 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 ADVERTISED POST (as reflected in the advert)				
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service period				

B. PERSONAL DETAILS					
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					

			T	T	
Are you a South African Citizen?			Yes	No	
If no, what is your Natio					
Work Permit Number (if	any):				
Do you hold any polit	ical office in	a political party, who	ether in a permanent,	Yes No	
temporary or acting cap	acity? If yes, p	rovide information be	low:		
Political Party:		Position:	Expiry date:		
Do you hold a professio information below	nal membersh	ip with any profession	al body? If yes, provide	Yes No	
Professional Body:		Membership Numbe	Expiry date:	l l	
C. CONTACT DE	TAILS				
Preferred language of					
correspondence					
Telephone number					
during office hours					
Preferred method for	Post	Email	Fax		
correspondence					
(Mark with an X)					
Correspondence		l			
contact details (in					
terms of above)					
D. QUALIFICATION	NS (Addition	al information may b	pe provided on CV)		
Name of School	ol/ Highest Qualification Obtained		Year Obtained		
Technical College					
Name of Institution Name of C		Qualification	NQF of Qualification	Year	
				Obtained	

Employer (starting	Position	From	From To			Reason	foi
with the most recent)						leaving	
		MM	YY	MM	YY		
If you previously empl	oyed in Local G	overnment, i	ndicate	Yes		No	
whether any condition	n exists that	prevents yo	ur re-				
employment:							
If yes, provide the name	e of the previous	employing mu	unicipali	ty:			
F. DISCIPLINARY	RECORD						
Have you been dismiss	ed for misconduc	t on or after 5	July 20)11?	Yes	No	
If yes, Name of Municip	ality/Institution:						
Type of misconduct/trar	nsgression						
Date of Resignation / D	isciplinary case fi	inalised					
Award/Sanction							
Did you resign from y	our job on or a	after 5 July 2	2011 pe	ending			
finalisation of the discipl	inary proceeding	s? If yes, prov	/ide deta	ails on			
separate sheet.							
						l .	-
G. CRIMINAL REC	CORD						
Were you convicted of a criminal offence involving financial			Yes	No			
misconduct, fraud or c	orruption on or	after 5 July	2011? I	f yes,			
provide details on a sep	arate sheet.						
If yes, type of criminal a	ct						

Outcome/Judgment					
H. REFERENC	E				
Name of Referee	Relationship	Tel (office hours)	Cell	phone	Email
			Number		
	·				
I, DECLARATION					
I hereby declare that	t all the information	provided in this applic	ation and ar	ny attachm	ents in support
thereof is to the best	of my knowledge tr	ue and correct. I und	erstand that	any misre	presentation or
failure to disclose ar	ny information may	lead to my disqualific	ation or tern	nination of	my contract, if
appointed.					
Signature:		Date:			



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