

## **APPLICATION FORM FOR EMPLOYMENT**

**ANNEXURE C** 

## **TERMS AND CONDITIONS**

- 1. This form aims 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 strict 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 ADVERTISE	ED POST (as reflected in the advert)
Advertised post applying for	
Reference number	
Name of Municipality	
Notice service period	
B. PERSONAL DETAILS	

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				

Are you a South African citizen?					Yes				No	
If no, what is your Nationality?										<u> </u>
Work Permit Number										
(if any):										
Do you hold any political office in a political				party, whether in a permane			nent,	nt, No		No
temporary or acting cap	pacity? I		the i	nfo	rmation l					
Political Party:		Position:				Ex	xpiry d	ate:		
o you hold a profession information below	al mem	bership with a	ny pi	rofe	essional b	ody? If	yes, pr	ovide	e the	No
Professional Body:	Membership			Number:			Expiry date:			
C. CONTACT DETAILS										
Preferred language for										
correspondence?										
Telephone number dur	ing offic	e hours								
Preferred method for			Pos	Post I			E-mail		Fax	
correspondence (Mark										
with an X)										
Correspondence contact	t details	s (in								
terms of above)										
D. QUALIFICATIONS (Ad	lditiona	l information	may l	be p	orovided	on your	CV)			
Name of School /	Highes	t Qualificatio	n Obt	tain	ed			Yea	r Obt	ained
Technical College										
Name of Institution	Name	of Qualification	on NQF Level				Year Obt		ained	
E WORK EVERTIFIES /	۰ ما ما ۱۰:	al infancation	n 100 0	v b	o provid-	d 0'0	IF C\ /\			
E. WORK EXPERIENCE (A	Auditior	iai iiiiOrinatio	ıı ma	y D(	e provide	u on you	ur CV)			
Employer (starting	Positio	on		Fr	om	To Rea				son for
with the most recent)			MM YY		MM YY			leav		
				-	••	10.101	+ • •			
If you were previously	emplove	ed in Local Gov	vernn	nen	ıt.	Yes			No	
indicate whether any co					-					
employment:		<b>b</b> .		,	· <del>-</del>					
If yes, provide the name	e of the	previous				1			1	
employing municipality		•								
/ -0y			1							

F. DISCIPLINARY REG	CORD									
Haya yay baan dism	viccod	for missondus	t on or ofter	F July 20	1112			Yes	No	
Have you been dismissed for misconduct on or after 5 July 2011?							res	NO		
f yes, Name of Mun	icipali	ity/ Institution:	<b>:</b>							
Type of a Miscondu	ct/ Tr	ansgression								
Aa										
Award/ sanction										
Date of Resignation	/ Disc	iplinary case fi	nalised							
Did you resign from	your	job on or after	5 July 2011	pending	ending the finalisation of				No	
the disciplinary pro	ceedii	ngs? If yes, prov	vide details o	n a sepa	arate s	neet				
G. CRIMINAL RECOR	RD									
Were you convicted			•				3	No		
misconduct, fraud o		•	fter 5 July 20	11? If ye	s,					
provide details on a If yes, type of crimin		rate sneet								
act	Idi									
Date criminal case										
finalised										
Outcome/ Judgmen	t									
H. REFERENCE										
Name of Referee	Name of Referee Relationship Tel (office			hours)	Cell p	hone	Ema	Email		
	Ter (o		·	•	Num	Number				
					<u> </u>		1			
I DECLARATION										
I. DECLARATION										
I hereby declare tha			•			•				
thereof is to the bes										
failure to disclose ar	-	ormation may le	ead to my dis	qualifica	tion or	terminati	on of	my empl	oyment	
contract if appointed	u.									
Signature:				Date:						