

If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment	Yes		No	
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If yes, provide the name of the previous employing municipality:	
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E. CRIMINAL RECORD

Were you found guilty of any criminal offence?	Yes		No	
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If yes, type of criminal act:	
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F. REFERENCE

Name and Surname	Relationship	Telephone (Office hours)	Cell Phone Numbers	E-mail

G. 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:	
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