



**OFFICE OF THE MUNICIPAL MANAGER
PORT ST JOHNS MUNICIPALITY
EASTERN CAPE PROVINCE OF RSA**

PO Box 2 . Port St Johns . 5120 – Erf 257 . Main Street . Port St Johns . 5120

PORT ST JOHNS MUNICIPALITY

APPLICATION FORM FOR SENIOR MANAGERS

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 municipalities to expedite recruitment and selection processes.
4. All information received will be treated with strictly confidentiality and will not be used for 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)

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				

ALL CORRESPONDENCE MUST BE DIRECTED TO THE OFFICE OF THE MUNICIPAL MANAGER

Tel: 0475641207/8 Fax: 0475641206 Email: fmshiywa@psjmunicipality.gov.za

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Are you South Africa Citizen?		Yes	No			
If no, what is your Nationality?						
Work Permit Number (if any)						
Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide information below		Yes	No			
Political Party:	Position		Expiry date			
Do you hold a professional membership with any professional body? If yes, provide information below: Yes	No					
Professional Body:	Membership Number:	Expiry date:				
C. CONTACT DETAILS						
Preferred language for correspondence?						
Telephone Number during office hours						
Preferred method for correspondence (mark with an x)	Post	Email	Fax			
Correspondence contact details (in terms of above)						
D. QUALIFICATIONS (Additional Information may be provided on your cv)						
Name of School/ Technical College	Highest Qualifications obtained	Year Obtained				
Name of Institution	Name of Qualification	NQF Level	Year Obtained			
E. WORK EXPERIENCE (Additional Information may be provided on your CV)						
Employer(Starting with the most recent)	Position	From		To		Reason for leaving
		MM	YY	MM	YY	

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If you were previously employed in ;Local Government, indicate whether any condition exists that prevents your re- employment :	Yes			No	
If yes, provide the name of the previous employing municipality :					
F. DISCIPLINARY RECORD					
Have you been dismissed for misconduct on or after 5 July 2011? If yes , Name of Municipality/ Institution :	Yes			No	
Type of Misconduct / Transgression					
Date of Resignation/ Disciplinary case finalized					
Award / Sanction					
Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet.	Yes			No	
G. CRIMINAL RECORD					
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? if yes, provide details on a separate sheet	Yes			No	
If yes, type of criminal Act					
Date criminal case finalized					
Outcome/ Judgement					
H. REFERENCE					
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email	
I. DECLARATION					
<p>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</p>					

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contract , if appointed	
Signature	Date

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