

APPLICATION FORM FOR EMPLOYMENT

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).

DETAILS OF THE ADVERTISED POST (as reflected in the advert)						
Advertised post applying	for					
Reference number						
Name of Municipality						
Notice service period						
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 c	itizen?			Yes	No	
If no, what is your						
Nationality?						
Do you have a valid				Yes	No	
work Permit?						
Do you hold a professional membership with any professional				Yes	No	
body? If yes, provide the	informatio	n below				
Name of Professional Body:		Membership Number:		Expiry date:		

Code:	CONTACT DETAILS								
Code:	Telephone number duri	ing office hours ()						
Code: mail Address	Mobile Number								
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CRIMINAL RECORD							
Have you been conv	icted of any criminal	offence in a court	of law	Yes	No		
during the past ten (10) years?						
If yes, type of crimin	al						
act							
Date criminal case							
finalised							
Outcome/ Judgment	t						
REFERENCES (please elaborate on your CV)							
Name of Referee	Relationship	Tel (office hours)	Cellp	hone	Email		
			Num	ber			
I. DECLARATION AND CONSENT							
I hereby declare that	all the information p	provided in this app	lication	and any att	achments 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.							
Further to the above, I give permission for reference checks and security screening to be conducted on							
my application. I also give permission to the municipality to share information provided on this							
application with the recruitment personnel or any party dealing with my application in terms of the							
provisions of the POPI Act.							
Signature:		Date:					