## **HEAD OFFICE**

303 Church Street Private Bag X 44 MOGWADI 0715

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## MOREBENG BRANCH OFFICE

25 Cnr. Roets & Vivirers Street MOREBENG 0810

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www.molemole.gov.za

## APPLICATION FORM FOR EMPLOYMENT

## Terms and Conditions

- 1. The purpose of this is to assist a municipality in selecting suitable candidate for an advertised post
- 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. Candidate shortlisted for interview may be requested to furnish additional information that will assist municipality 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 manager in terms of the Local Government: Municipal Systems Act, 2000(Act No. 32 of 2000)

A. DETAIL OF THE ADVERTISE	D POST ( as reflecte	d in the advert)							
Advertised post applying for									
Reference number									
Name of the municipality									
Notice services 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			1						
Are you a South African?			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									
Political Party:	Position: Expiry date:								
Do you hold a professional membership with any professional body? If yes, provide information Below									
Professional Body:	Membership Number	Expiry dat	Expiry date:						
			l						
C. CONTACT DETAILS									
Preferred language for									
correspondence? Telephone number during									
office hours									
Preferred method for	Post	E-mail		Fax					
correspondence Correspondence contact									
details (in terms of above)									

D. QUALIFICATIONS											
Name of school/Tech	nical college	Highest qualification obtained			Year obtained						
Name of institution		N ( )(C )				NOTI		Voor obtoined			
Name of institution		Name of qualification				NQF level		Year obtained			
		L									
E. WORK EXPERIENCE (ADDITIONAL INFORMATION MAY BE PROVIDED ON YOUR CV)											
Employer (starting wit	th the most	Positio	Position From			То		Reason for			
recent)								leaving			
						.,					
If you were previously				cate whe	ther any	Yes		No			
condition exists that prevents you re-employment  If yes, provide the name of the											
previous employing m											
provided employing in	idinoipanty										
F. DISCIPLINARY RE	CORD										
Have you been dismis	ssed for miscon	duct or o	of after 5	Yes			No				
July 2011 ?											
If yes, Name of Munic		n:									
Type of a Misconduct			ــا								
Date of Resignation/D Award/Sanction											
Did you resign from ye	our job on or aft	er 5 July	, 2011	Yes No							
pending finalization of	f the disciplinary	procee	dings? If	163			110				
yes, provide details or			3								
								_			
G. CRIMINAL RECO				T			1				
Where you convicted of a criminal offence involving financial misconduct, fraud or corruption on or before 5			Yes			No	NO				
July 2011? If yes, pro											
If yes, type of criminal		зорага	ile sileet.	1							
ii yoo, typo or ominia											
Date criminal case finalized											
Outcome/Judgment											
H. REFERENCE											
Name of referee	Relationship	ionship Tel (offi		hours) Cellph		none Number		nail			
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I.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.											
information may lead	to my disqualific	cation or	termination	or my en	npioymen	t contract,	ıt appoint	ea.			
Signature:					Date:						
Signature:				Date.							