

ANNEXURE C

APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGERS IN TERMS OF THE LOCAL GOVERNMENT: MUNICIPAL SYSTEMS ACT, 2000 (ACT NO.32 OF 2000).

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 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 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).

Government: Municip	al Systems Act, 2000 (Act	10.32 01 2000).			
A. DETAILS OF THE	ADVERTISED POST (as	s reflected in the advert)			
Advertised post applying for					
Reference number					
Name of Municipality					
Notice service period					
B. PERSONAL DETA	ILS				
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?					
Work permit number (if any):					

Do you hold any political office in a political	party, whether in a	permanent,	temporary c	r acting	Yes		No	
capacity? If yes, provide information below	·.							
Political Party:	Position:							
Do you hold a professional membership wit	h any professional b	ody? If yes,	provide Info	rmation	Yes		No	
below								
Professional body:	Membership Numb	ber:		Expiry date:				
C. CONTACT DETAILS				•				
Preferred language for								
Correspondence?								
Telephone numbers during								
office hours								
Preferred method for correspondence	Post		email			Fax	Fax	
(mark with an x)								
Correspondence contact details								
(In terms of the above)								
D. QUALIFICATIONS (Additiona	l information may be	e provided o	n your CV)					
Name of school / Technical	Highest qualification Obtained			Year Obtained				
College								
Name of institution					NQF level Year obtained			
Name of institution	Name of Qualification			NQF level		Year or	otained 	
E. WORK EXPERIENCE (Addition	nal information may	be provide	d on your CV	')		I		
Employer(starting with The most recent)	Position From			То		Reason	Reason for	
		MM	YY	MM YY		leaving		
If you were proviously smaleyed in least a	vornment indicate	thather are:	condition	icts that	Voc		No	
If you were previously employed in local gor prevents your re-employment:	vernment, indicate w	mether any	condition ex	าธเร เทลเ	Yes		No	
					I		I	

If yes, provide the name of the previous						
employing Municipality:						
F. DISCIPLINARY RECORD						
Have you been dismissed for misconduct	on or after 5	Yes			1	No
July 2011?						
If yes, Name of Municipality/ Institution:						
Type of a Misconduct/ Transgression						
Date of Resignation/Disciplinary case finali	sed					
Award / Sanction						
Did you Resign from your job on or after	5 July 2011	Yes			1	No
pending finalisation of the disciplinary pro-	ceedings?					
If yes, provide details on a separate sheet.					1	
G. CRIMINAL RECORD						
Were you convicted of a criminal offence i	nvolving finan	cial miso	conduct, fraud	Yes		No
or corruption on or after 5 July 2011?						
If yes, provide details on a separate sheet.					L	
If yes, type of criminal act						
Date criminal case finalised						
Outcome / Judgement						
H. REFERENCE	I					
Name of referee	Relationship)	Tel (office hou	rs)	Cellphone Number	email
I DECLADATION						
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 mis			•			
of my employment contract, if appointed.	τερτεσεπιατίθε	, or juill	are to disciose at	y IIIJ	ormation may lead to	my aisquainteation of termination
					Date:	
Signature:					Date.	