

Vaal River City, the Cradle of Human Rights

## APPLICATION FORM FOR EMPLOYMENT - Only for Senior Managers Position in Terms of the Local Government Municipal Systems Act, 32 of 2000

## **TERMS AND CONDITIONS**

- The purpose of this form is to assist the ELM municipality in selecting suitable candidates for the advertised post.
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to candidates must be provided in this form. Any additional information may be provided on the curriculum vitae.
- Candidates shortlisted for interview 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.
- This form is designed to assist the Municipality with the recruitment, selection and appointment of senior managers in terms of the Local Government: Municipality System Act, 2000(Act No.32 of 2000).

| A. DETAILS OF THE AD         | VERTISED PO | ST (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                        |                       |                   |            |        |                 |     | Fem       | ale    |               | Male |
|-------------------------------|-----------------------|-------------------|------------|--------|-----------------|-----|-----------|--------|---------------|------|
| Do you have a disability      | y?                    |                   |            |        |                 |     | Yes       |        |               | No   |
| If yes, elaborate             |                       |                   |            |        |                 |     |           |        |               |      |
| Are a South African citi      | zen?                  |                   |            |        |                 |     | Yes       |        |               | No   |
| If no, what is your           |                       |                   |            |        |                 |     |           |        |               |      |
| Nationality?                  |                       |                   |            |        |                 |     |           |        |               |      |
| Work Permit Number (i         |                       |                   |            |        |                 |     |           |        |               |      |
| Do you hold any politication  |                       |                   |            |        |                 |     |           | nent,  |               | No   |
| temporary or acting car       | pacity? I             |                   |            |        |                 |     |           |        |               |      |
| Political Party:              |                       | Position:         |            |        | iry da          |     |           |        |               |      |
| Do you hold a profession      | onal me               | mbership          | with an    | y pro  | fessio          | na  | I body? I | f yes, |               |      |
| provide                       |                       |                   |            |        |                 |     |           |        |               | No   |
| Information below             |                       |                   |            |        |                 |     |           |        |               |      |
| Yes Drofe a sie val Dodhu     | 1                     | Manalaan          | - l- !     | Г      | حلم بسئ         | 1 - |           |        |               |      |
| Professional Body:            |                       | Members<br>Number | snip       | Exp    | iry da          | te  |           |        |               |      |
|                               |                       | Number            |            |        |                 |     |           |        |               |      |
| C. CONTACT DET                | TAII C                |                   |            |        |                 |     |           |        |               |      |
| Preferred language for        | AILS                  |                   |            |        |                 |     |           |        |               |      |
| correspondence?               |                       |                   |            |        |                 |     |           |        |               |      |
| Telephone number              |                       |                   |            |        |                 |     |           |        |               |      |
| during office hours           |                       |                   |            |        |                 |     |           |        |               |      |
| Preferred method for          |                       |                   |            |        |                 |     |           |        |               |      |
| correspondence (Mark          | Pos                   | st                |            |        | E-ma            | ail |           | Fax    |               |      |
| with an X)                    |                       |                   |            |        |                 |     |           |        |               |      |
| Correspondence conta          | ct                    |                   |            |        |                 |     |           |        |               |      |
| details (in terms of          |                       |                   |            |        |                 |     |           |        |               |      |
| above)                        |                       |                   |            |        |                 |     |           |        |               |      |
|                               |                       |                   |            |        |                 |     |           |        |               |      |
| D. QUALIFICATIO               | NS (Ad                | lditional i       | nforma     | ation  | may k           | эе  | provide   | d on y | our/          | CV)  |
| Name of                       | Hig                   | hest Qual         | ification  | n Obta | ained           |     | Year O    | otaine | d             |      |
| School/Technical              |                       |                   |            |        |                 |     |           |        |               |      |
| College                       |                       |                   |            |        |                 |     |           |        | 1             |      |
|                               |                       |                   |            |        |                 |     |           |        |               |      |
| Name of Institution           | Nar                   | ne of Qua         | alificatio | n      |                 |     | NQF Level |        | Year Obtained |      |
|                               |                       |                   |            |        |                 |     |           |        |               |      |
|                               |                       |                   |            |        |                 |     |           |        |               |      |
|                               |                       |                   |            |        |                 |     |           |        |               |      |
| E. WORK EXPER                 |                       |                   |            | matic  |                 | y k |           |        |               |      |
| Employer (Starting            | Position              | From To           |            | То     | Reason for leav |     |           | eavino | 9             |      |
| with the most recent)         | n                     |                   | 1207       |        | <u> </u>        | ,   |           |        |               |      |
|                               |                       | MM                | YY         | MM     | l Y             | Y   |           |        |               |      |
| If                            |                       | al in I a sal     |            | \/     |                 |     | NI-       |        |               |      |
| If you were previously e      |                       |                   |            | Yes    | 5               |     | No        |        |               |      |
| Government, indicate v        |                       | •                 |            |        |                 |     |           |        |               |      |
| If yes, provide the name      |                       |                   | •          |        |                 |     |           |        |               |      |
| employing municipality:       |                       | previous          |            |        |                 |     |           |        |               |      |
| employing municipality.       | •                     |                   |            |        |                 |     |           |        |               |      |
| F. DISCIPLIANAR               | V DEC                 | OPD .             |            |        |                 |     |           |        |               |      |
| Have you been dismiss         |                       |                   | t on or    | after  | 5   V           | es  |           | T      | No            |      |
| July 2011?                    | <del>c</del> u iui li | maconduc          | 011 01     | antei  | ٦   ١           | CS  |           |        | INU           |      |
| If yes, Name of Municip       | nality/ in            | stitution:        |            |        |                 |     |           |        |               |      |
| I II YOU, INGILIO OI WIGHTINK | Junty/ III            | ontanon.          |            |        |                 |     |           |        |               |      |

| 2011 Yes   | NO   |
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