







**CITY POWER** 

APPLICATION FORM FOR EMPLOYMENT







## APPLICATION FORM FOR EMPLOYMENT

## **TERMS AND CONDITIONS**

The purpose of this form is to assist City Power in selecting suitable candidates 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.

Candidates shortlisted for interviews may be requested to furnish additional information that will assist City Power to expedite recruitment and selection processes.

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 City Power with the recruitment, selection and appointment of senior managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No. 32 of 2000).

| 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   |               |            |  |         |   |          |      |                 |  |
| Notice service perio   | od            | None       |  | 1 month | 2 | 2 months |      | Other (specify) |  |
|  |               |            |  |         |   |          |      |                 |  |
| B. PERSONAL  | DETAILS       | l          |  |         |   |          |      |                 |  |
| Surname  |               |            |  |         |   |          |      |                 |  |
| First Names  |               |            |  |         |   |          |      |                 |  |
| ID Number/SAP No   | ).            |            |  |         |   |          |      |                 |  |
| Race   | Afric         | an Colored |  |         |   | Indian   |      | White           |  |
| Gender   |               | Fema       |  |         |   | ale      | Male |                 |  |
| Do you have a disa   | ,             |            |  | Yes     | 5 | No       |      |                 |  |
| If yes, elaborate  |               |            |  |         |   | ,        |      |                 |  |
| Are you a South Afr  | rican citizer | 1?         |  |         |   | Yes      |      | No              |  |
| C. CONTACT DET   | TAILS         |            |  |         |   | ,        |      |                 |  |
| Email address  |               |            |  |         |   |          |      |                 |  |
| Telephone Number   |               |            |  |         |   |          |      |                 |  |



| Mobile Number                       |           |                       |                 |       |  |              |               |               |                     |
|-------------------------------------|-----------|-----------------------|-----------------|-------|--|--------------|---------------|---------------|---------------------|
|                                     |           |                       |                 |       |  |              |               |               |                     |
| Physical Address                    |           |                       |                 |       |  |              |               |               |                     |
| Preferred method for correspondence |           | Email T               |                 | Tele  | Telephone  |              | Mobile Number |               | Physical<br>Address |
| D. QUALIFICA information            |           |                       |                 |       | ns c   | certificate. | Add           | litional      |                     |
| HIGHEST QUALIFI                     | CATION O  | BTAIN                 | IED             |       |  |              |               |               |                     |
| Name of institution Nam             |           | e of Qu               | f Qualification |       | Qualification Type (e.g., Diploma, Certificate, Degree, Honours, Masters, PhD etc.) and NQF Level          |              |               | Year Obtained |                     |
|                                     |           |                       |                 |       |  |              |               |               |                     |
|                                     |           |                       |                 |       |  |              |               |               |                     |
| OTHER QUALIFICA                     | ATIONS OI | BTAIN                 | ED              |       |  |              |               |               |                     |
| Name of institution Na              |           | Name of Qualification |                 | D     | Qualification Type (e.g.,<br>Diploma, Certificate,<br>Degree, Honours, Masters,<br>PhD etc.) and NQF Level |              |               | ,             | Year Obtained       |
|                                     |           |                       |                 |       |  |              |               |               |                     |
|                                     |           |                       |                 |       |  |              |               |               |                     |
|                                     |           |                       |                 |       |  |              |               |               |                     |
|                                     |           |                       |                 |       |  |              |               |               |                     |
| E. WORK EXPI                        | ERIENCE ( | Additio               | onal info       | rmati | on may be p  | rov          | /ided on y    | our           | CV)                 |
| Employer                            | Positio   | on From               |                 | n     | То   |              |               |               |                     |



| (starting with   |          | MM     | YY  | MM | YY          | Number | Specific reason for      |  |
|--|----------|--------|-----|----|-------------|--------|--------------------------|--|
| most recent)   |          |        |     |    |             | of     | leaving (this could      |  |
|  |          |        |     |    |             | Months | include resignation,     |  |
|  |          |        |     |    |             |        | dismal,                  |  |
|  |          |        |     |    |             |        | retrenchment,            |  |
|  |          |        |     |    |             |        | retirement or other.     |  |
|  |          |        |     |    |             |        | If other, please specify |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     | T  |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
| Were you previously employed in Local, Provincial and/or National Yes No Government:                 |          |        |     |    |             |        |                          |  |
| If you were previous<br>Government, indica<br>re-employment:   |          |        |     |    | Yes         | No     |                          |  |
| If yes, provide the name of the previous employing institution:                                      |          |        |     |    |             |        |                          |  |
| F. STATUTORY PROFESSIONAL BODY REGISTRATION:   |          |        |     |    |             |        |                          |  |
| Do you hold a professional membership with any professional body? If yes, provide information below: |          |        |     |    |             |        |                          |  |
| Professional Body  | Membersh | ip Num | ber |    | Expiry date |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
|  |          |        |     |    |             |        |                          |  |
| G. DISCIPLINARY RECORD   |          |        |     |    |             |        |                          |  |



| Have you been dis   | missed for miscondu  | Yes        | No       |                     |       |  |  |  |  |
|---|--|------------|----------|---------------------|-------|--|--|--|--|
| If yes, Name of Institution:  |  |            |          |                     |       |  |  |  |  |
| Type of Misconduc   | t/Transgression  |            |          |                     |       |  |  |  |  |
| Date of Disciplinary case finalized   |  |            |          |                     |       |  |  |  |  |
| disciplinary proceed investigations, susp   | n your job pending fir<br>dings? This includes<br>pensions, charges di<br>le specific details on | Yes        | No       |                     |       |  |  |  |  |
| H. CRIMINAL RECORD  |  |            |          |                     |       |  |  |  |  |
| misconduct, fraud of  | d of a criminal offenc<br>or corruption on or af<br>on a separate shee                           | Yes        | No       |                     |       |  |  |  |  |
| If yes, type of crimi   | nal act  |            |          |                     |       |  |  |  |  |
| Date criminal case  | finalised  |            |          |                     |       |  |  |  |  |
| Outcome/Judgeme   | nt   |            |          |                     |       |  |  |  |  |
| I. REFERENCE  |  |            |          |                     |       |  |  |  |  |
| Name of Referee   | Relationship   | Tel (offic | e hours) | Cellphone<br>Number | Email |  |  |  |  |
|   |  |            |          |                     |       |  |  |  |  |
|   |  |            |          |                     |       |  |  |  |  |
|   |  |            |          |                     |       |  |  |  |  |
|   |  |            |          |                     |       |  |  |  |  |
|   |  |            |          |                     |       |  |  |  |  |
| J. 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. |  |            |          |                     |       |  |  |  |  |
| Signature:  |  |            |          |                     |       |  |  |  |  |