D328 Cardington Road, Churchill, Mothibistad, 8474

Private Bag X117, Mothibistad, 8474

Tel: (053) 773 9300

Fax: (053) 773 9350

**APPLICATION FORM FOR EMPLOYMENT**

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| **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 proved on the CV.  3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist  Municipaliy 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). |

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| **A. DETAILS OF THE ADVERTISED POST** (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 | | | | | | | Female | Male | | |
| Do you have a disability? | | | | | | | Yes | No | | |
| If yes, elaborate |  | | | | | | | | | |
| Are 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 party, whether in a permanent, temporary  or acting capacity? If yes, provide information below. | | | | | | | | | | No |
| **C: CONTACT DETAILS** | | | | | | | | | | |
| Preferred language for  correspondence? |  | | | | | | | | | |
| Telephone number during  office hours |  | | | | | | | | | |
| Preferred method for  correspondence(Mark with an X) | Post | | E-mail | | | Fax | | | | |
| Correspondence contact  details(in terms of above) |  | | | | | | | | | |
| **D. QUALIFICATIONS**(Additional information may be provided on your CV) | | | | | | | | | | |
| |  | | --- | | Name of School/Technical College | | | |  | | --- | | Highest Qualification Obtained | | | | | | | |  | | --- | | Year Obtained | | | | | | |
|  |  | | | | |  | | | | |
| Name of Institution | Name of Qualification | | | NQF Level | | Year Obtained | | | | |
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| **E. WORK EXPERIENCE** (Additional information may be provided on your CV) | | | | | | | | | |
| Employer (Starting with the  most recent) | |  | | --- | | Position | | | | From | | | To | | | Reason for leaving |
| MM | YY | | MM | YY | |  |
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| If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment: | | | | | Yes | | | No | |
| If yes, provide the name of the previous employing municipality: | |  | | | | | | | |

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| **F. DISCIPLINARY RECORD** | | | | | |
| Have you been dismissed for misconduct on or after 5 July 2011? | | Yes | | | No |
| If yes, name of Municipality/Institution: | |  | | | |
| Type of a Misconduct/Transgression | |  | | | |
| Date of Resignation/Disciplinary case finalised | |  | | | |
| Award/sanction | |  | | | |
| Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet. | | Yes | | No | |
| **G. CRIMINAL RECORD** | | | | | |
| Where you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet. | | Yes | No | | |
| If yes, type of criminal act |  | | | | |
| Date criminal case finalised |  | | | | |
| Outcome/Judgment |  | | | | |

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| **H.REFERENCE** | | | | |
| Name of Referee | Relationship | Tel(office hour | Cellphone Number | E-mail |
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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. | |
| |  | | --- | | Signature: | | | Date:   |  | | --- | |  | | |