

## LEKWA-TEEMANE LOCAL MUNICIPALITY "NW396"

**ANNEXURE C** 

## APPLICATION FOR EMPLOYMENT

## **TERMS AND CONDITIONS**

- 1. The purpose of this form is to assist a municipality 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.
- 3. Candidates shortlisted for interviews 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.
- 5. This form is designed to assist the municipality with recruitment, selection and appointment of senior managers in terms of the Local Government Municipal Systems Act, 2000 (Act 32 of 2000)

A. DETAILS OF THE ADVERTISED	POST (as r	eflected in the	e adv	/ert)			
Advertised post applying for	,			,			
Reference number							
Notice service period							
B. PERSONAL DETAILS							
Surname							
First names							
ID number or Passport number							
Race	African	Coloured	India	ın	White		
Gender			Fem	ale	Male		
Do you have a disability?			Yes No				
If yes, elaborate							
Are you a South African Citizen?				Yes N		No	
If no, what is your Nationality?							
Work Permit Number (if any)							
Do you hold any political office in a pol in a permanent, temporary or acting ca If yes, provide information below.	whether	Yes		No			
Political Party:	Position:			Expiry date:			
Do you hold a professional membership with any professional body? If yes, provide information below.		Yes		No			
Professional body:	Membership	number:	Ехр	iry date:			

C. CONTACT DET	AILS									
Preferred language for	•									
correspondence										
Telephone number du	ring off	ice								
hours			_	4		<b>-</b>			F	
Preferred method of correspondence (Mark with an X)		10	ost		E-mail		Fax			
Correspondence conta	act deta	ile								
(in terms of above)	aot dota									
D. QUALIFICATION	NS (Ad	ditional i	nfor	mation ma	ay be	provid	ded	on you	ır CV)	
			qualification obtained			Year obtained				
College										
						1				
Name of Institution		Name o	f au	alification		NQF Level		Year	obtained	
Traine or morrane			. 90					<u>.                                    </u>		
E. WORK EXPERIE	NCE (	Additions	al in	formation	may	bo pro		od on i	CV/	
Employer (Starting	Positi		AI III	From	illay	be pro	To		your Cv)	Reason for
with the most recent)						MI		YY	leaving	
man and moderodam,				141141	<b> </b> • •			**		loaving
					-					
If you ware proviously	omple	rad in Lar	201	Carama	n4		Va			No
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-				16	es No					
employment.			10-							
If yes, provide the										
name of the previous										
employing municipalit	y:									
F. DISCIPLINARY	RECO	RD								
Have you been dismissed for misconduct on or after 5 July						Yes		No		
2011?	inality/	Inatitutia	<b></b>							
If yes, Name the Munic Type of Misconduct / 1			11.							
Date of resignation / D			fina	lized						
Date of rooignation / D	юогрии	ury ouco								
Award / Sanction										
Did you resign from yo	•			•	•	•		Yes		No
	finalisation of the disciplinary proceedings? If yes, provide									
details on a senarate s	nΔΔt									1

G. CRIMINAL REC	ORD			
Were you convicted or	Yes	No		
misconduct, fraud or o	corruption on or a	after 5 July 2011? If yes	s,	
provide details on a se	eparate sheet.			
If yes, type of criminal	act			
Date criminal case fina	alized			
Outcome / Judgement				
H. REFERENCE				
Name of Referee	Relationship	Tel. (office hours)	Cell number	E-mail
<b>-</b>				
I. DECLARATION				
I hereby declare that a	II the information	provided in this appli	cation and any	attachments in
support thereof is to t	he best of my kno	owledge true and corre	ct. I understan	d that any
misrepresentation or t	failure to disclose	any information may	lead to my disq	ualification or
termination of my emp	oloyment contract	t, if appointed.		

Date

Signature