**PORT ST JOHNS MUNICIPALITY**

**APPLICATION FORM FOR SENIOR MANAGERS**

|  |
| --- |
|  **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 municipalities to expedite recruitment and selection processes.**
4. **All information received will be treated with strictly confidentiality and will not be used for 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)**
 |

|  |
| --- |
| 1. **DETAILS OF THE ADVERTISED POST ( as reflected in the advert)**
 |
| Advertised post applying for |  |
| Reference number |  |
| Name of Municipality  |  |
| Notice Service Period  |  |
| 1. **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 you South Africa 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 or acting capacity? If yes, provide information below |  | 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: | Expiry date: |
| 1. **CONTACT DETAILS**
 |
| Preferred language for correspondence? |  |
| Telephone Number during office hours |  |
| Preferred method for correspondence (mark with an x ) | Post | Email | Fax |
| Correspondence contact details (in terms of above) |  |
| 1. **QUALIFICATIONS (Additional Information may be provided on your cv)**

  |
| Name of School/ Technical College | Highest Qualifications obtained | Year Obtained  |
|  |  |  |
|  |  |  |
| Name of Institution | Name of Qualification | NQF Level | Year Obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **WORK EXPERIENCE ( Additional Information may be provided on your CV)**
 |
| Employer( Starting with the most recent) | Position | From | To | Reason forleaving |
| MM | YY | MM | YY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 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 : |  |
| 1. **DISCIPLINARY RECORD**
 |
| Have you been dismissed for misconduct on or after 5 July 2011? If yes , Name of Municipality/ Institution : | Yes  | No |
| Type of Misconduct / Transgression |  |
| Date of Resignation/ Disciplinary case finalized |  |
| Award / Sanction |  |
| Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet. | Yes | No |
| 1. **CRIMINAL RECORD**
 |
| Were 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 finalized  |  |
| Outcome/ Judgement |  |
| 1. **REFERENCE**
 |
| **Name of Referee** | **Relationship** | **Tel (office hours)** | **Cellphone Number** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **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 |