**Joburg Market (SOC) Ltd**



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# APPLICATION FORM FOR EMPLOYMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TERMS AND CONDITIONS**   1. The purpose of this form is to assist Joburg Market 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 Joburg Market 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 Joburg Market with the recruitment, selection and appointment of senior managers in terms of the Local Government: *Municipal 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 period |  | | | |
|  | | | | |
| **B. PERSONAL DETAILS (\*** *required for employment equity reporting***)** | | | | |
| Surname |  | | | |
| First Names |  | | | |
| ID or Passport Number |  | | | |
| \*Race (Mark with an X) | African | Coloured | Indian | White |
| \*Gender (Mark with an X) | Female | | Male | |
| \*Do you have a disability? (Mark  with an X) | Yes | | No | |
| If yes, elaborate |  | | | |
| Are you a South African citizen? | Yes | | No | |
| If no, what is your nationality? |  | | | |
| Work Permit Number (if any): |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you hold a professional membership with any professional body? If yes, provide (Mark with an X) | | | | Yes | | No |
| Professional Body: | Membership Number: | | Expiry date: | | | |
|  | | | | | | |
| **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) |  | | | | | |

## QUALIFICATIONS (Additional information may be provided on your CV)

Name of School / Technical College

Name of Institution

## WORK EXPERIENCE (Additional information may be provided on your CV)

Employer (starting with

most recent) Position

From To

MM YY MM YY

Reason for leaving

If you were previously employed in Local Government / Public Service, indicate whether any condition exists that prevents your re-employment: (mark with an x)

If yes, provide the name of the previous employing municipality / municipal entity

Yes No

## DISCIPLINARY RECORD

Have you been dismissed for misconduct? Yes No

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, Name of Municipality/ Municipal Entity: | | | | |  | | | |
| Type of a Misconduct/ Transgression | | | | |  | | | |
| Date of Resignation/ Disciplinary case finalised | | | | |  | | | |
| Award/sanction | | | | |  | | | |
| Did you resign from your job pending  finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet. (mark with an x) | | | | | Yes | No | | |
|  | | | | | | | | |
| **G. CRIMINAL RECORD** | | | | | | | | |
| Were you convicted of a criminal offence involving financial  misconduct, fraud or corruption? If yes,  provide details on a separate sheet. (mark with an x) | | | | | Yes | | No | |
| If yes, type of criminal act | |  | | | | | | |
| Date criminal case finalised | |  | | | | | | |
| Outcome/ Judgment | |  | | | | | | |
|  | | | | | | | | |
| **H. REFERENCE** | | | | | | | | |
| Name of Referee | Relationship | | Tel(office hours) | | Cellphone number | | | Email |
|  |  | |  | |  | | |  |
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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: | | | | |