APPLICATION FORM FOR EMPLOYMENT

	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 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 <i>Local Government: Municipal Systems Act, 2000</i> (Act No. 32 of 2000).

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)					
Advertised post applying for					
1 11 7 3					
Reference number					
Name of Municipality					
· · · · · · · · · · · · · · · · · · ·					
Notice service period					

B. PERSONAL DETAILS						
Surname						
First Names						
ID or Passport Number						
Race	Africa	n	Coloured	Indian		White
Gender				Female		Male
Do you have a disability?				Yes		No
If yes, elaborate				I		
Are a South African citizen?				Yes		No
If no, what is your Nationality?				l		
Work Permit Number (if any):						
Do you hold any political office in	l n a politic	cal party, whether	in a permanent,	temporary or acting	9	
capacity? If yes, provide informa	tion belo	ow.				No
Political Party:	Р	Position:			Expir	y date:
Do you hold a professional mem	<u> </u>	with any profession	onal body? If yes	, provide informatio	<u> </u> n	
below						No
Yes						
Professional Body:	l M	Membership Numb	oer:		Exnir	y date:
		z. op i toille				,

C. CONTACT DETAILS										
Preferred language for										
correspondence?										
Telephone number during										
office hours										
Preferred method for										
correspondence (Mark with an	Ро	st		E-mail				Fax		
X)										
Correspondence contact										
details (in terms of above)										
detaile (in terme of deets)										
D. QUALIFICATIONS (Addition	al inf	formation may be p	provi	ded on y	our CV)					
Name of School/ Technical		Highest Qualifica	ation		Year Obtained					
College		Obtained								
Name of Institution		Name of Qualification)	NQF Leve		Year	Year Obtained		
						•				
E. WORK EXPERIENCE (Addit	iona	I information may I	be pr	ovided c	on your C	CV)				
Employer (starting with the mos		st recent)		sition	From		То		Reason	for
									leaving	
					MM	YY	MM	ΥΥ		
				_						

If you were previously employed in Local Gov	ernm ent, indicate whether	any		
condition exists that prevents your re-employe		Yes	No	
benamen existe that prevente your re empley.				
If yes, provide the name of the previous empl	oying			
municipality:				
E DISCIPLINARY RECORD				
F. DISCIPLINARY RECORD				
Have you been dismissed for misconduct on	or after 5 July 2011?	Yes	No)
If yes, Name of Municipality/Institution:				
ii yes, ivame or iviumcipality/mstitution.				
Type of a Misconduct/Transgression				
Date of Resignation/Disciplinary case finalise	ed			
Award/sanction				
Did you resign from your job on or after 5 Ju	ly 2011 pending			
finalisation of the disciplinary proceedings? I		Yes	No	
separate sheet.				
'				
G. CRIMINAL RECORD				
Were you convicted of a criminal offence inv	volving financial			
misconduct, fraud or corruption on or after 5	Yes	No		
	1 53	INC	,	
details on a separate sheet.				
If yes, type of criminal act				
Date criminal case finalised				
Date offittinal odde fillalided				

Outcome/Judgment				
H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email
I. DECLARATION				
I hereby declare that	all the information	on provided in this app	olication and any attachm	ents in support thereof
to the best of my kno	wledge true and d	correct. I understand t	hat any misrepresentation	n or failure to disclose an
information may lead	I to my disqualific	ation or termination of	f my employment contrac	t, if appointed.
Signatura			Date:	
Signature:			Date.	