ANNEXURE C

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 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 *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

Name of Municipality						
Notice service period						
B. PERSONAL DETAILS	S					
Surname						
First Names						
ID or Passport Number						
Race	African	Coloure	ed	Indian	White	
Gender				Female	Male	
Do you have a disability?	disability? Yes					
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	e in a political party	y, whethe	r in a perr	nanent, temporar	y No	
or acting capacity? If yes, prov	vide information belo	ow.			INO	
Political Party:	Position:	Expiry date:				
Do you hold a professional r	nembership with ar	ny profes	sional bod	y? If yes, provid	e	
information below		No				
Yes						
Professional Body:	Membership Num					
C. CONTACT DETAILS						
Preferred language for						
correspondence?						
Telephone number during						
office hours						
Preferred method for				·		
correspondence (Mark with	Post		E-mail		Fax	
an X)						
Correspondence contact						
details (in terms of above)						

Signature:

Name of School / Tech College		ditional information may be provided Highest Qualification Obtained				Year Obtained			
Name of Institution		Name of Qualification				NQF Lev	/el	Year Obtained	
							-		
E. WORK EXPERIE	NCE (Additional in	formation ma	v be pr	ovide	ed on vou	r CV)		
Employer (starting with	vith			From				Reason for	
the most recent)		Position	M	YY	To MM				
				_					
If you were previously						Yes		No	
whether any condition		that prevents	s your re-emp	loyment	:				
If yes, provide the nam									
the previous employing	9								
municipality:									
F. DISCIPLINARY R	FCOF	SD	<u></u>						
Have you been dismis			on or after 5	July 201	12	Yes No			
If yes, Name of Munici			on or and o	ouly 20		100			
Type of a Misconduct/						<u> </u>			
		<u> </u>	-111			-			
Date of Resignation/ D	iscipiii	nary case tin	alised			-			
Award/ sanction									
Did you resign from						Yes No			
finalisation of the disci	iplinary	, proceeding	s? If yes, pro	vide de	tails				
on a separate sheet.									
G. CRIMINAL RECO	PN								
Were you convicted		criminal off	ence involvir	na finar	rcial	Yes		No	
misconduct, fraud or						103		110	
provide details on a se			ito. o outy 20	,,,,,	, 00,				
If yes, type of criminal		T				<u> </u>			
Date criminal case fina									
Outcome/ Judgment									
H. REFERENCE								-	
Name of Referee F	Relatio	nship	Tel (office hours)		C	Cellphone Number		Email	
					_				
					\bot				
								L	
I. DECLARATION									
i. DECLARATION									
			rouidad in thi	annliae	tion	and any a	Hoohmo	ata in aumnaut thara	
I hereby declare that a	III tne i	ntormation o	roviaea iii iiii					us in shoom mere	

Date: