ANNEXURE C

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

Candidates shortlisted for interviews may be requested to turnish additional information that will assist municipalities to expedite recruitment and selection processes.
 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.
 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 DETAIL	.S					
Surname						
First Names						
ID or Passport Number						
Race	African	Colour	od .	Indian	100bit	
Gender	1	COIOGI	Gu	Female	White	
Do you have a disability?	Male No					
If yes, elaborate				Yes	INO	
Are a South African citizen?	-			Yes	I No.	
If no, what is your				165	No	
Nationality?						
Work Permit Number (if any):						
Do you hold any political offi	ce in a political i	party, whether	er in a perr	nanent temporar	u I	
or acting capacity? If yes, pro	vide information	below.	a po	marioni, temporar	No	
Political Party:	Position:					
Do you hold a professional	membership wit	h any profes	sional bod	Expiry date:		
imormation below				y. 11 yes, provide	No	
Yes					140	
Professional Body:	Membership	Number:		Expiry date:		
				Longitty date.		
C. CONTACT DETAILS						
Preferred language for						
correspondence?						
Telephone number during						
office hours						
Preferred method for						
correspondence (Mark with	Post		E-mail		-ax	
an X)						
Correspondence contact						
details (in terms of above)						

						-				
D. QUALIFICATION										
Name of School / Te	chnical	Highest Qua	lification Obtaine	∌d	Y	Year Obtained				
College					_					
B. 4		Name of Ou	-Hfisation		-	IQF Leve	-1	Year Obtained		
Name of Institution		Name of Qu	Name of Qualification			IQF LEVE	21	Teal Obtained		
	_	-								
				_	_					
E. WORK EXPERI	ENCE (Additional info	ormation may be	e prov	/ided	on your	CV)			
Employer (starting w		Position	From			То		Reason for		
the most recent)		Position	MM	MM YY		MM YY		leaving		
				_						
	\rightarrow			_	_					
If a second second		undin Land C	Yanaanaa indi		- V	es		No		
If you were previousl whether any conditio					- 1 "	62		140		
If yes, provide the na		mai pievems	your re-employing	ieitt.	_					
the previous employi										
municipality:	"'9									
F. DISCIPLINARY	RECOF	RD								
Have you been dismissed for misconduct on or after 5 July 2011?						Yes No				
If yes, Name of Municipality/ Institution:										
Type of a Misconduc	t/ Trans	gression								
Date of Resignation/ Disciplinary case finalised										
Award/ sanction										
Did you resign from	MOUT I	oh on or afte	r 5 July 2011 r	endir	10 Y	es		No		
finalisation of the dis						-		7.0		
on a separate sheet.		, p	, , , , , , , , , , , , , , , , , , , ,							
1										
G. CRIMINAL REC										
Were you convicte						es		No		
misconduct, fraud or corruption on or after 5 July 2011? If yes,										
provide details on a separate sheet.										
	If yes, type of criminal act Date criminal case finalised									
Outcome/ Judgment					-					
Concoune, and allient		1								
H. REFERENCE										
Name of Referee	Relatio	nship	Tel (office hours)		Cellp	Cellphone Number		Email		
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.										
арропков.										

Date:

Signature: