APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable senior manager candidates for an advertised position.
- 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 the municipality to expedite the recruitment and selection process.
- 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.

A DETAILS OF THE ADVERTISED POST (as reflected in the advertisement)

5. This form is designed to assist the 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).

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Advertised post app	olying for						<u>-</u>				
Reference number	(if any)										
Name of Municipalit	ty										
Notice service perio	od										
B. PERSONAL DE	TAILS										
Surname											
First Names											
ID or Passport Num	ber										
Race		African		Coloure		Indian			White		
Gender		Female		Male)						
Do you have a disability?		Yes		No							
If yes, elaborate											
Are you a South African citizen?		Yes		No	No						
If no, what is our Nationality?											
Work Permit number	er (if any)										
Do you hold any political office in a polior acting capacity? If yes, provide info		olitical party, whether in a formation below.			permanent, temporary			Yes		No	
Political Party		Position						Expiry date			
Do you hold a professional membership vinformation below		hip with a	ny profe	essional	body	y? If yes, p	orovide	Yes		No	
Professional Body		Membership Number						Expiry date			•
										•	
C. CONTACT DET											
Preferred language for correspondence											
Telephone number	during office hour	s									
Preferred method for correspondence (Mark with X)		Pos	st			E-mail			Fax		
Correspondence contact details (in terms of above)		(in									

Name of School / Technical College		Highe		Year Obtained						
Name of Institution		Name of Qualification NQF					_evel	Year Obtained		
E. WORK EXPERIENCE (Ad	ditional info	rmation may	be prov				-	1		
Employer		Position		om		0	Reason for L	eaving		
(starting with the most recent)				MM	YY	MM	YY			
If your were previously emp			ent, indic	ate w	hethe	er any	Yes	No		
condition exists that prevents	<u> </u>	oyment					163	140		
If yes, provide the name of t employing municipality:	he previous									
F. DISCIPLINARY RECORD										
Have you been dismissed for r	misconduct o	n or after 5 Ju	ıly 2011?	1			Yes	No		
If yes, Name of Municipality / I	nstitution:									
Type of Misconduct / Transgre	ssion									
Date of Resignation / Disciplin	ary case fina	lised								
Award / Sanction										
Did your resign from your job disciplinary proceedings? If ye					ation	of the	Yes	No		
G. CRIMINAL RECORD										
Were you convicted of a crim corruption on or after 5 July 20						aud or	Yes	No		
If yes, type of criminal act:	, ,,		•							
Date criminal case finalised:										
Outcome / Judgement:										
H. REFERENCE		•								
Name of Defense	Dalati	Telephone			ne Cell Phone			E-mail		
Name of Referee	Relationship		(Office hours)			Numbers				
I. DECLARATION										
I hereby declare that all the in the best of my knowledge true	e and correc	t. I understan	nd that a	ny mis	repre	sentatio	on or fa	ailure to disclo		
information may lead to my dis Signature:	squaiiiication	or termination	Date:		nent	contrac	і, іі ар <u>і</u>	oomea.		