



CAPE WINELANDS DISTRICT

MUNICIPALITY • MUNISIPALITEIT • UMASIPALA

APPLICATION FORM FOR EMPLOYMENT

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 interview may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
4. All information received shall be treated with strict confidentiality and shall 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 staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000)

DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Reference number	
Name of the Municipality	
Notice service period	

PERSONAL DETAILS

Surname			
First Name			
ID or Passport Number			
Gender	Male		Female
Do you have a disability?	Yes	No	If yes, elaborate
Are you a South African Citizen?	Yes	No	If not, what is your nationality
			Do you have a valid work Permit?
Do you have a professional membership with any professional body?	Yes	No	Name of professional body
			Membership Number
			Expiry date

CONTACT DETAILS

Telephone number during office hours	()
Mobile phone number	
Postal address	
	Code:
Email address	
Preferred language of communication	

QUALIFICATIONS (please elaborate on your CV)

Highest educational qualification obtained		
Name of the School	Highest Grade	Year obtained

Highest tertiary qualification obtained			
Name of institution	Name of a qualification	NQF level	Year obtained

WORK EXPERIENCE (please elaborate on your CV)

Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	

DISCIPLINARY RECORD

Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of Municipality/ Employer				
Type of Misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalised/ Dismissal				
Award/ Sanction				
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

CRIMINAL RECORD

Have you been convicted of any criminal offence in a court of law during the past ten (10) years	Yes		No	
If yes, type of criminal act				
Date criminal case finalised				
Outcome/ Judgement				

REFERENCES (please elaborate on your CV)

Name of Referee	Relationship	Tel (office hours)	Cell phone Number	Email

The Cape Winelands District Municipality adheres to the Protection of Personal Information Act, 2013 (Act No 4 of 2013) and regulations promulgated thereunder ("PoPI Act") and all personal information provided will be held and/or stored securely for the purpose of recruitment and selection.

By submitting your application form and CV to us, you understand and agree to the following:

- All personal information that you provide to us will be held and/or stored securely for the purpose of recruitment only.
- Your personal information will be stored electronically in a database.
- You have no objection to the Cape Winelands District Municipality retaining your personal information.
- Should suitable opportunities arise, we will contact you and request your permission to submit your information to a specific client for a specific purpose.
- All personal information that you provide to us will be used only for the purposes for which it is collected.
- A copy of the Cape Winelands District Municipality's policy on Protection of Personal Information can be viewed at www.capewinelands.gov.za.

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:
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