## 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.

  This form must be completed in full, accurately and legibly. All substantial information relevant to a
- 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	VERTICEDIO	) (as ic	ilected iii t	ile advert)					
Reference number									
Name of Municipality									
Notice service period									
B. PERSONAL DETAILS	3								
Surname									
First Names									
ID or Passport Number									
Race	African	Coloure	ed	Indian	White				
Gender			Female	Male					
Do you have a disability?	you have a 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 in a political party, whether in a permanent, temporary No									
or acting capacity? If yes, prov		ow.							
Political Party:	Position: Expiry date:								
Do you hold a professional membership with any professional body? If yes, provide									
information below Yes					No				
Professional Body:	Membership Num	hor:		Evniry date:					
Professional Body.	Membership Number: Expiry date:								
C CONTACT DETAIL C									
C. CONTACT DETAILS	T								
Preferred language for									
correspondence?									
Telephone number during office hours									
Preferred method for									
correspondence (Mark with	Post		E-mail		Fax				
an X)	- 031		L-IIIali		I GA				
Correspondence contact									
details (in terms of above)									
	L								

D. QUALIFICATIONS	(Add	litional inform	ation may	be p	rovide	d or	n your C	V)			
Name of School / Tech College		Highest Qualification Obtained					Year Obtained				
Name of Institution		Name of Qu	alification				NQF Level			Year Obtained	
		-									
E. WORK EXPERIENCE (Additional information may be provided on your CV)											
		Additional into		/laed				D			
Employer (starting with	'	Position	From			<del>,  </del>	To		Reason for		
the most recent)				ММ	Y	<b>Y</b>	MM	YY		leaving	
						$\neg$					
If you were previously 6	If you were previously employed in Local Government, indicate								No	)	
whether any condition							Yes				
If yes, provide the name		mat provente	jour 10 011								
the previous employing											
municipality:	<b>'</b>										
F. DISCIPLINARY R											
Have you been dismiss			on or after t	5 July	2011	?	Yes No				
If yes, Name of Municipality/ Institution:											
Type of a Misconduct/ Transgression											
Date of Resignation/ Disciplinary case finalised											
Award/ sanction											
									T 1	lo	
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details						ile	165			NO	
on a separate sheet.											
on a deparate oncot.											
G. CRIMINAL RECO	RD										
Were you convicted	of a	criminal offe	nce involv	ing 1	financi	al	Yes		N	10	
misconduct, fraud or o	corrup	tion on or aft	er 5 July 2	20113	? If ye	s,					
provide details on a se		sheet.				$\perp$					
If yes, type of criminal a											
Date criminal case fina	lised										
Outcome/ Judgment			Annual Manager								
W DEFENDANCE											
H. REFERENCE	2-1-4-		T-1/-60		>	0-1	U - L A	I	-	11	
Name of Referee F	Relatio	nsnip	Tel (office hours)		Cellphone Number		Email				
									-		
									-		
LL											
I. DECLARATION	I DECLARATION										
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.		.,,						,,	-,-		
Signature:	Date:										
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## DECLARATION OF CONFIDENTIALITY BY THE SELECTION PANEL MEMBER INTERVIEWS FOR THE ADVERTISED POST OF ...... (NAME OF THE ADVERTISED POST) Date: dd/mm/yy I ...... hereby declare that I have read the provisions of regulation 10 of the Local Government: Regulations on Appointment and Conditions of Employment of Senior Managers ("hereinafter referred to as the Regulations"). I hereby further declare that — I have no personal interest in any of the interviewed candidates; (a) I do not have any relationship whatsoever with the interviewed candidates; (b) I am not indebted to any of the interviewed candidates or vice versa; (c) my participation in this interviews will not in any way constitute a conflict of interest or (d) unduly influence or attempt to influence the appointment or promotion for a spouse, partner, family member, friend or associate; I will not discuss the outcome of these interviews or inform any candidate who has (e) been interviewed about the outcome of these interviews; and (d) all the discussions emanating from the interview process will be kept strictly confidential and no information will be disclosed with any candidate or person who is not part of the Selection Panel until such time that the Municipal Council has approved the recommendations of the Selection Panel and the successful candidate has been duly informed about the outcome of the decision of Council. **Signature: Selection Committee Member** Signature: Chairperson