



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 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.

| A. DETAILS OF THE ADVERTISED POST (as reflected in the advertisement) | | | | | | |
|---|------------------|--|------|--------|-------|--|
| Advertised post applying for | | | | | | |
| Reference Number | | | | | | |
| Name of Municipality | | | | | | |
| Notice Service Period | | | | | | |
| | | | | | | |
| B. PERSONAL DETAILS | | | | | | |
| Surname | | | | | | |
| First Names | | | | | | |
| ID or Passport Number | | | | | | |
| Race | African Coloured | | ured | Indian | White | |
| Gender | | | | Female | Male | |
| Do you have a disability? | e a disability? | | | Yes | No | |
| lf yes elaborate | | | | · | | |
| Are you a South African citizen? | | | Yes | | No | |
| If no what is your Nationality? | | | | | | |

| Work Permit Number (if any) | |
|-----------------------------|--|
|-----------------------------|--|

| Do you hold a professional membership with any professional body? If yes provide information below: | | | | | Ye | S | No | |
|---|-----------------------|-------------|-------------------|------------------|----------|--------------|-------|-----------------------|
| Professional Body Name: | Membership Number: | | | | | Expiry Date: | | |
| C. CONTACT DETAILS | | | | | | | | |
| Preferred language for corresponde | ence? | | | | | | | |
| Telephone Number During Office hours | | | | | | | | |
| Preferred Method for correspondence (Mark with an X) | | Post | E-mail F | | Fa | ax | | |
| Correspondence Contact Details (in terms of the above) | | | | | | | | |
| D. QAULIFICATIONS (Addit | ional in | formation | may be | provid | ed on yo | ur C | V) | |
| Name of school/ Technical College | Highest Qualification | | ation Obta | Obtained NQF Lev | | evel | | Year Obtained |
| | | | | | | | | |
| | | | | | - | | | |
| TERTIAL QUALIFICATIONS Name of Institution | Name of Qua | | Pualification NQF | | NQF Le | IQF Level | | Year Obtained |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| E. WORK EXPERIENCE (ad | ditional | l informati | ion may l | be pro | vided on | you | r CV) | |
| Employer (starting with the most Positic recent) | | on From | | | То | | | Reason for ₋eaving |
| | | | MM | ΥY | MM | ΥY | , | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | _ | _ | | + | | |

 ERF 1400 NTSIZWA STREET, PRIVATE BAG X511, EMAXESIBENI, 4735,

 TEL: 039 254 5000
 FAX: 039 254 0343
 WWW.ANDM.GOV.ZA
 CUSTOMER CARE LINE: 086 000 3781

| If you were previously employed in Local Government, indicate whether is there any condition exists that prevents your re-employment: | Yes | No | | | | |
|---|--------|----|--|--|--|--|
| If yes, provide the name of the previous employing Municipality/E | Entity | | | | | |
| F. DISCIPLINARY RECORD | | | | | | |
| | | | | | | |
| Have you been dismissed for misconduct on or after 5 July 2011 | ? Yes. | No | | | | |
| If yes, Name of Municipality / Institution: | | | | | | |

| Did you resign from your job on or after 05 July 2011 pending finalization of any disciplinary proceedings against you? If yes, provide details on a separate sheet. | | | | Yes | No |
|--|--------------|--------|--------------|-----------|--------------|
| G. CRIMINAL RE | CORD | | | 1 | |
| Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet | | | Yes | No | |
| Did you resign from your job on or after 05 July 2011 pending finalization of a criminal offence involving financial misconduct, fraud, or corruption against you? If yes, provide details on a separate | | | | No | |
| If yes, type of criminal A | ct | | | | |
| Date criminal case finaliz | zed | | | | |
| Outcome / judgment | | | | | |
| H. REFERENCE | | | | | |
| Name of reference | Relationship | Tel (o | ffice hours) | 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.

Signature:

Date: