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

- 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 candidate must be provided in this form. Any additional information may be provided on the CV.
 Candidates shortlisted for interviews may be requested to furnish 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).

Advertised post applying for		POST (as reflected	are autory	
Reference number				
Name of Municipality				
Notice service period				
B. PERSONAL DETAIL	6			
Sumame	.5			VA. = 10 - 10 - N
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender	Female	Male		
Do you have a disability? If yes, elaborate			Yes	No
Are a South African citizen?				
If no, what is your			Yes	No
Nationality?			No. of Concession of the Conce	
Work Permit Number (if any):				
Do you hold any political offi	co in a political	-1 1 1 1 1		Tan a
Do you hold any political offi or acting capacity? If yes, pro	vide information	party, whether in a p	ermanent, tempo	rary No
Political Party:	Donillons		IE C.	
Do you hold a professional	membership wi	h any professional i	Expiry date:	
		ar any professional t	buy? If yes, pro	
The state of the s		No		
res				
Yes	Membership	Number:	Expiry date:	
Yes Professional Body:	Membership	Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence?		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Felephone number during		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Telephone number during office hours		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Telephone number during office hours Preferred method for		Number:	Expiry date:	
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Telephone number during office hours Preferred method for correspondence (Mark with		Number:		Fax
Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Telephone number during office hours Preferred method for correspondence (Mark with an X)				Fax
information below Yes Professional Body: C. CONTACT DETAILS Preferred language for correspondence? Telephone number during office hours Preferred method for correspondence (Mark with an X) Correspondence contact details (in terms of above)				Fax

D. QUALIFICATIONS (A	dditional info	mation may h	e prov	hoh	OD VOUE C	10		-		
Name of School / Technica College	I Highest Q	Highest Qualification Obtained				Year Obtained				
Name of Institution	Name of C	Name of Qualification				/ei		Year Obtained		
							-			
E. WORK EXPERIENCE	/Additional is	ofo								
E. WORK EXPERIENCE Employer (starting with		mormation ma	y be p	rovid	ed on you	(CV)				
the most recent)	Position	From			To		Reason for			
		141	-	YY	MM	YY		leaving		
			-				_			
			_							
	 		-							
If you were previously empl	oved in Local	Course								
Mileriel Silv Condition exist	s that prevent	S vour re-empl	ndicat		Yes		No			
it yes, provide the name of	T TOTO TOTO	s your re-cirips	bymen	l.						
the previous employing municipality:										
E DISCIPLINA BY THE				-						
F. DISCIPLINARY RECO	RD									
Have you been dismissed for If yes, Name of Municipality	or misconduct	on or after 5 J	uly 20	117	Yes No)		
Type of a Missessian type				No.						
Type of a Misconduct/ Trans	sgression		1000	in the second						
Date of Resignation/ Discipi	inary case fin	alised		12						
Award/ sanction										
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details					Yes		No			
on a separate sheet.										
G. CRIMINAL RECORD										
Were you convicted of a	criminal off	ence involving	fnor	alet I	V					
misconduct, made or combi	mon on or a	fter 5 July 201	19 If	ICIZII	Yes		No			
higaige origins on a separate	e sheet.			,,			1			
If yes, type of criminal act			The state of the s					-		
Date criminal case finalised Outcome/ Judgment										
				1000						
H. REFERENCE										
Name of Referee Relation	onship	Tel (office ho	urs)	I Co	liphone Nu	mbor	Email			
		1	410/	100	IIPHOHE NO	mber	Ema	11		
						-				
I. DECLARATION				-						
I hereby declare that all the	information or	nvidad in this s	nnlien	Non -						
is to the best of my knowled disclose any information materials.	edge true and ay lead to m	i correct. I und y disqualification	ierster On or	uon a. nd tha termir	nd any atte at any mis nation of n	nchment represe ny empi	s in s ntatio loyme	rupport thereof n or failure to ent contract, if		
Signature:		Б	ate:							