

## APPLICATION FOR EMPLOYMENT OF STAFF MEMBERS

## **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 strict 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 the municipality with the recruitment, selection and appointment of staff members in terms of the *Local Government: Municipal Systems Act, 2000 [Act 32 of 2000].*

A. DETAILS OF THE ADVERTISE	<b>D POST</b> [as ref	lected in the ac	lvert]	
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	Indian	White
Gender	Gender			Male
Do you have a disability?			Yes	No
If yes, elaborate				
Are you a South African citizen?			Yes	No
If no, what is your nationality?				
Work Permit Number [If any]				
Permanent Postal address				
Are any of your relatives or acq	uaintances em	ployed by the		
Municipality? If yes, state Name, Department and			Yes	No
relationship below.				
Name:	Department:		Relationship:	

Do you hold any political office in a political party, whether					
in a permanent, temporary or acting capacity? If yes,		Yes	No		
provide information below.					
Political Party:	Position:	Expiry date:			
Do you hold a professional membership with a professional					
body? If yes provide information below		Yes	No		
Professional Body:	Membership Number:	Expiry date:			

C. CONTACT DETAILS					
Preferred language for					
correspondence					
Telephone number during					
office hours					
Preferred method for					
correspondence [Mark with	Post	E-mail		Fax	
an X]					
Correspondence contact					
details [in terms of above]					
D. QUALIFICATIONS [Additional information may be provided on your CV]					
Name of School / Technical	Highest Qualification		Year obtained		
College	Obtained				
Name of Institution	Name of Qualification		NQF Level		Year
					Obtained
		·			
	-	·			

E. WORK EXPERIENCE [Please elaborate on your CV]						
Employer [Starting with the most recent]	From			То		Reason for
	Position	MM	YY	MM	YY	leaving

F. DISCIPLINARY RECORD		
Have you ever been dismissed for misconduct	Yes	No
If yes, name of municipality / institution		
Type of misconduct / transgression		
Date of resignation / disciplinary case finalised / dismissal		
Award / sanction		
Did you resign from your job pending finalisation of the	Yes	No
disciplinary proceedings? If yes, provide details on a		
separate sheet		

G. CRIMINAL RECORD						
ny criminal offence in a court	Yes	No				
rs?						
		<u>.</u>				
If yes, type of criminal act  Date criminal case finalised						
Outcome / judgement						
p Tel [Office Ce	ll phone	E-mail				
hours] Nu	mber					
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						
si oj iliy kilowledge ilde dila c	0					
o disclose any information ma		•				
	hours] Nu	ip Tel [Office Cell phone Number Number				

Date:

Signature: