

Vaal River City, the Cradle of Human Rights

## APPLICATION FORM FOR EMPLOYMENT - Only for Senior Managers Position in Terms of the Local Government Municipal Systems Act, 32 of 2000

## **TERMS AND CONDITIONS**

- The purpose of this form is to assist the ELM municipality in selecting suitable candidates for the advertised post.
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to candidates must be provided in this form. Any additional information may be provided on the curriculum vitae.
- 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 will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- This form is designed to assist the Municipality with the recruitment, selection and appointment of senior managers in terms of the Local Government: Municipality System Act, 2000(Act No.32 of 2000).

A. DETAILS OF THE AD	VERTISED P	OST (as reflected	in the advert	)
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						Female			Male	
Do you have a disability?					Yes			No		
If yes, elaborate										
Are a South African citi	n citizen?					Yes			No	
If no, what is your										
Nationality?										
Work Permit Number (i										
Do you hold any politic								nent,		No
temporary or acting cap	pacity?		ide inf	_						
	Political Party: Position: Expiry date:									
	Do you hold a professional membership with any professional body? If yes,									
provide										No
Information below										
Yes		N 4 l	In the	I	· 1 -	-1-				
Professional Body:					oiry date					
		Number								
C. CONTACT DET	TAIL C									
Preferred language for	AILS									
correspondence?										
Telephone number										
during office hours										
Preferred method for										
correspondence (Mark	Post			F-m	E-mail Fax					
with an X)	lark 1 03t					u		· ux		
Correspondence conta	ct									
details (in terms of										
above) `										
,	•			•						
D. QUALIFICATIONS (Additional information may be provided on your CV)										
Name of Highest Qualification Obtain					<del></del>			•		
School/Technical		9								
College										
Name of Institution	Naı	me of Qual	ualification			NQF Level		Year Obtained		
E. WORK EXPER						ay k				
Employer (Starting	Position	) Fro	om		То	o Reason for leav			eaving	g
with the most recent)	n									Ī
		MM	YY	MM	Y	Υ				
If you were previously				Yes	;		No			
Government, indicate whether any condition										
exists that prevents your re-employment:										
If yes, provide the name of the previous										
employing municipality:										
F. DISCIPLIANARY RECORD										
Have you been dismissed for misconduct on or after 5				5   Y	es/			No		
July 2011?										
If yes, Name of Municipality/ institution:										

F							
	duct/Transgressior						
	ion/Disciplinary cas						
Award/Sanction							
	om your job on or a		Yes	NO			
	on of the disciplina		If				
yes, provide details on a separate sheet.							
G. CRIMINA	L RECORD						
Were you convicted of a criminal offence involving			Yes	No			
financial misconduct, fraud or corruption on or after 5			5				
July 2011? If yes	, provide details on	a separate shee	et.				
	If yes , type of criminal act						
Date criminal case finalised							
Outcome/Judgme	Outcome/Judgment						
H. REFEREN	NCE						
Name of	Relationship	Tel (Office	Cell phone	Email			
Referee		hours)	Number				
I. DECLAR	ATION						
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.							
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Signature:			Date:				
-							