

## APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

|  |
| --- |
| **TERMS AND CONDITION**   1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised position. 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. 5. This form is designed to assist municipalities 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 |  | | | |
| Reference number (if any) |  | | | |
| 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 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) |  | | | |
| Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes provide information below | | | |  |
| Political Party: | | Position: | Expiry date: | |
| Do you hold a professional membership with any professional body? If yes, provide information below | | | |  |
| Professional Body: | | Membership Number: | | Expiry date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **C. CONTACT DETAILS** | | | |
| Preferred language for correspondence |  | | |
| Telephone number during office hours |  | | |
| Preferred method for correspondence (Mark with X | Post | E-mail | Fax |
| Correspondence contact details (in terms of above) |  | | |

|  |  |  |
| --- | --- | --- |
| **D. QUALIFICATIONS (Additional information may be provided on your CV)** | | |
| Name of school / Technical College | Highest Qualification Obtained | Year Obtained |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E. WORK EXPERIENCE (Additional information may be provided on your CV** | | | | | | | |
| Employer(starting with the most recent) | Position | | From | To | | | Reason for leaving |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
|  |  | |  |  | | |  |
| If you were previously employed in Local Government indicate whether any condition exists that prevents your re-employment: | | | | | Yes | No | |
| If yes, provide the name of the previous employing municipality | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **F. DISCIPLINARY RECORDS** | | | |
| Have you been dismissed for misconduct on or before 05 July 2011? | | Yes | No |
| If yes, Name of Municipality / Institution |  | | |
| Type of a Misconduct / Transgression |  | | |
| Date of Resignation / Disciplinary case finalised |  | | |
| Award / Sanction |  | | |
| Did you resign from your job on or before 05 July 2011 pending finalization of the disciplinary proceedings, If yes, provide details on a separate sheet | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **G. CRIMINAL RECORD** | | | |
| 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 | |  |  |
| If yes, type of criminal act |  | | |
| Date criminal case finalized |  | | |
| Outcome / Judgment |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **H. REFERENCE** | | | | |
| Name of Referee | Relationship | Tel(Office hours) | Cell 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: |