

83 KROGH Street, MAKHADO, 0920 Private Bag X2596, Makhado, 0920

Tel: (015) 519 3000

Fax: (015) 516 1195

## **APPLICATION FORM FOR EMPLOYMENT**

## **TERMS AND CONDITIONS**

- 1. The purpose of this form is to assist Makhado Local 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 Makhado Local Municipality 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 Makhado Local 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).

A. DETAILS OF THE ADVERTISED POST (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 citizen?					Y	'es			No	
If no, what is your					1				1	
Nationality?										
Work Permit Number (if any):										
Do you hold any political office	in a political party, wh	ether ir	n a pe	rmane	ent, tem	porary o	actin	g	No	
capacity? If yes, provide information	ation below.									
Political Party:	Position: Expiry date:									
I =	u hold a professional membership with any professional body? If yes, provide information									
below									No	
Yes	T									
Professional Body:	Membership Numbe	er:			E	xpiry dat	date:			
C. CONTACT DETAILS	T									
Preferred language for										
correspondence?										
Telephone number during										
office hours							1			
Preferred method for			_				l _			
correspondence (Mark with	Post E-mail				Fax					
an X)										
Correspondence contact										
details (in terms of above)	1: 6 1				C) ()					
D. QUALIFICATIONS (Addition	•									
Name of School / Technical	Highest Qualification Obtained Year Obtained									
College										
Name of Institution	Name of Qualification NQF Lev			امیرما	el Year Obtained			r Ohtained		
ivanie of institution	Name of Qualification NQI Level					icai	Obtained			
E. WORK EXPERIENCE (Additi	onal information may	be prov	/ided	on you	ur CV)					
Employer (starting with the	Position	From			То		Reason for leav		for leaving	
most recent)		MM	Y\	<u> </u>	MM	YY				
If	dia Lasal Carramana ant			Yes						
If you were previously employed whether any condition exists the				res		l N	0			
If yes, provide the name of	at prevents your re-en	ιιρισγιιι	ent.							
the previous employing										
municipality:										

F. DISCIPLINARY R	ECORD				
Have you been dismissed for misconduct on or after 5 July 2011?				Yes	No
If yes, Name of Municipality / Institution:					
Type of a Misconduct / Transgression					
Date of Resignation	/ Disciplinary cas	e finalized			
Award / Sanction					
Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet.			-	Yes	No
G. CRIMINAL RECO					
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
If yes, type of criminal act					
Date criminal case finalized					
Outcome / Judgment					
H. REFERENCE					
Name of Referee	Relationship	Tel (office h	nours)	Cellphone Number	Email
					1
I. DECLARATION					
	t all the informat	ion provided in this an	plication	and any attachments ir	support thereof is to the
•			-		to disclose any information
may lead to my disq	ualification or te	rmination of my emplo	oyment co	ontract, if appointed.	
Signature: Date:					