

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

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## 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 ADVERTI	ISED POST (as ref	ected 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?	ı				Y	es			No	
If no, what is your									_	
Nationality?										
Work Permit Number (if any):										
Do you hold any political office	in a political party, who	ether in	n a pe	rmane	nt, tem	orary or	acting	g	No	
capacity? If yes, provide inform			•			,				
Political Party:	Position: Expiry date:									
Do you hold a professional mer	embership with any professional body? If yes, provide information									
below									No	
Yes										
Professional Body:	Membership Numbe	r:			E	Expiry date:				
C. CONTACT DETAILS										
Preferred language for										
correspondence?										
Telephone number during										
office hours			•							
Preferred method for										
correspondence (Mark with	Post		E-ma	ail			Fax			
an X)										
Correspondence contact										
details (in terms of above)										
D. QUALIFICATIONS (Addition	•	-								
Name of School / Technical	Highest Qualification Obtained Year Obtained									
College										
Name of Institution	Name of Qualification NQF Lev		Level	evel Yea			Obtained			
E. WORK EXPERIENCE (Addit	ional information may	be prov	vided	on voi	ur CV)					
Employer (starting with the	Position From To					Reason for leaving				g
most recent)		MM	Y۱	/	ММ	YY				<u> </u>
1	loyed in Local Government, indicate Yes No									
whether any condition exists th	at prevents your re-em	ploym	ent:	1						
If yes, provide the name of										
the previous employing										
municipality:										

F. DISCIPLINARY RI	ECORD				
•		duct on or after 5 July 2011?	Yes	No	
If yes, Name of Muni	cipality / Institut	tion:			
Type of a Misconduc	t / Transgressior	1			
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	RD				
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 crimina	•		,		
Date criminal case finalized					
Outcome / Judgment					
H. REFERENCE					
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email	
		I		. <b>L</b>	
I. DECLARATION					
best of my knowledg	e true and corre	ion provided in this applicat	srepresentation or failure		
	ialification or te	rmination of my employmer	• • • • • • • • • • • • • • • • • • • •		
Signature:		Date	•		