

JOB APPLICATION FORM FOR SENIOR MANAGERS

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 fumish 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 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 PO	OST (as	reflected in the advert)									
Advertised post applying for											
Reference number											
Name of Municipality											
Notice service period											
	•										
B. PERSONAL DETAILS											
Surname	1										
First Names											
ID or Passport Number											
Race	Afric	can	Coloured		Indian		White				
Gender	1			1	Female	,	Male				
Do you have a disability?					Yes		No				
If yes, elaborate					103		1.10				
•					Yes		No				
Are you a South African citizen?					res		NO				
If no, what is your Nationality?											
Work permit Number (if any):											
Do you any political office in a party, whet	her in a	a permanent, temporary o	r acting capa	acity? If yes, prov	/ide		No				
information below.	1			T							
Political Party:	· · · · · · · · · · · · · · · · · · ·										
Do you hold a professional membership with any professional body? If yes, provide information below No											
Professional Body:	Membership Number:			Expiry date:							
C. CONTACT DETAILS											
Preferred language for correspondence?											
Telephone number during office hours											
Preferred method for correspondence	Post Email				Fax	ax					
(mark with an X)											
Correspondence contact details (in			Į.								
terms of above)											
D. QUALIFICATIONS (Additional Infor	matio	n may be provided on y	our CV)								
Name of school/ Technical college	High Qualification Obtained		Year Obtained								
Name of institution		Name of Qualification		NQF Level		Year Obtained					
		ı									
E. WORK EXPERIENCE (Additional In	forma	tion may be provided o	n your								
CV)		, ,	•								



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Employer (starting with the most	Pos	ition	From	From		То		Reason for leaving			
recent)			ММ	YY	ММ	YY					
				1	-	1					
K					VEO		NO				
If your previously employed in Local Government, indicate whether any						YES		NO			
condition exists that prevents your re											
If yes, provide the Name of the											
previous employing municipality:											
previous employing municipality.											
F. DISCIPLINARY RECORD					1						
	Yes No										
Have you been dismissed for miscon	res	•									
If yes, Name of Municipality/ Institution:											
Type of Misconduct/ Transgression											
Date of Resignation/ Disciplinary cas	e finalis	sed —————									
Award/ Sanction											
Did you resign from your job on or at	Yes		0								
the disciplinary proceedings? If yes,	provide	details on a s	separate she	eet.							
G. CRIMINAL RECORD					1						
Were you convicted of a criminal offence involving financial misconduct, Yes No											
fraud or corruption on or after 5 July	2011? I	f yes provide	details on a								
separate sheet.											
If yes, type of criminal act											
Date criminal case finalised											
Outcome/ Judgement											
H. REFERENCE											
Name of Referee R		onship	Tel (office	Tel (office hours)		Cell phone Number		Email			
					ı						
			•		•						
I. DECLARATION											
I hereby declare that all the informati	on prov	ided in this ap	oplication a	nd any a	attachm	ents in su	pport t	hereof 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 am appointed											
Signature:			Date:								