## **ANNEXURE C**

## APPLICATION FORM FOR EMPLOYMENT

## **TERMS AND CONDITIONS**

- 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.
- Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- 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.
- 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 AL	VERTISED PO	ST (as re	eflected in t	he advert)	
Advertised post applying for			<del></del>		· · · · · · · · · · · · · · · · · · ·
Reference number					
Name of Municipality				****	***
Notice service period		·			
B. PERSONAL DETAIL	S		***************************************	***************************************	
Surname				· · · · · · · · · · · · · · · · · · ·	
First Names					
ID or Passport Number					
Race	African	Colour	ed	Indian	White
Gender				Female	Male
Do you have a disability? Yes					
If yes, elaborate					
Are a South African citizen?				Yes	No
If no, what is your					
Nationality?					
Work Permit Number (if any):		·····			
Do you hold any political offic	e in a political part	y, whethe	r in a pern	nanent, temporar	y No
or acting capacity? If yes, pro-		ow.		E	
Political Party:	Position:		-11 h : 3	Expiry date:	
Do you hold a professional r	nemoersnip with ar	iy protes	sional Dog	yr ir yes, provid	
Yes					No
Professional Body:	Membership Num	her.		Expiry date:	1
Totalional Day.	- monipolonip (tall	1001.		Expiry vale.	
C. CONTACT DETAILS					
Preferred language for					
correspondence?					
Telephone number during					
office hours					
Preferred method for					
correspondence (Mark with	Post		E-mail F		Fax
an X)					
Correspondence contact					
details (in terms of above)					

D. QUALIFICATIONS	Additional inform	nation may be p	ovided	on your C	V)				
Name of School / Techni College	cal Highest Qu	Highest Qualification Obtained				Year Obtained			
Name of Institution	Name of Q	Name of Qualification			vel	Year Obtained			
E. WORK EXPERIENCE	E (Additional in	formation may be	nrovid	led on you	r CVA				
Employer (starting with		From			1 OV)	Reason for			
the most recent)	Position	MM	YY	To MM YY		leaving			
				1					
		İ							
						· · · · · · · · · · · · · · · · · · ·			
If you were previously en				Yes	-	No			
whether any condition ex	ists that prevents								
If yes, provide the name	of								
the previous employing municipality:									
F. DISCIPLINARY REC									
Have you been dismisse		Yes No							
If yes, Name of Municipa									
Type of a Misconduct/ Tr				<u> </u>					
Date of Resignation/ Disc	ciplinary case fina	lised							
Award/ sanction									
Did you resign from yo finalisation of the discipli		Yes No							
on a separate sheet.	nary proceedings			1					
G. CRIMINAL RECORI				T					
Were you convicted of misconduct, fraud or con		Yes No							
provide details on a sepa									
If yes, type of criminal ac			*	<u> </u>		1			
Date criminal case finalis									
Outcome/ Judgment									
H. REFERENCE						,			
	ationship	ship Tel (office hours) C		ellphone N	umber	Email			
		10. (0001.001.	7	onpriorio i	umbo.	Alliun .			
<u> </u>									
I. DECLARATION	-		<del> </del>						
I DECLARATION									
I hereby declare that all t	he information pr	ovided in this app	lication	and any at	tachmer	nts in support thereof			
is to the best of my kno	owledge true and	l correct. I under	stand to	hat anv m	isreprese	entation or failure to			
disclose any information	may lead to m	y disqualification	or term	nination of	my emp	ployment contract, if			
appointed.									
Signofuro:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T 5-1	•••		<del></del>				
Signature: Date:									