

MSUKALIGWA LOCAL MUNICIPALITY



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HUMAN RESOURCES

APPLICATION FORM FOR EMPLOYMENT FOR DIRECTORS / SENIOR MANAGERS

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting suitable senior managers' 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 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 ADVERTISE	D 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	

_	Afric	an	Colou	red		Indian			White	
Race										
						Female	3		Male	
Gender						i Gillait	-		iviale	
Condo										
Do you have a 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	capacit	ty? If yes	provide	information	on	Yes			No	
below		141				F	J-4			
Political Party:		ition:		م، الممالية	Ι£	Expiry date:			N.	
Do you hold a professional memb	ersnip	with any p	rotessior	iai body?	IT		Yes		No	
yes, provide information below Professional Body:	Mom	horchin Nu	umbor:			Evning				
Froiessional body.	rofessional Body: Membership Number: Expiry date:									
C. CONTACT DETAILS										
Preferred language for										
correspondence?										
Telephone number during office h										
Preferred method for correspondence Post						E-mail			Fax	
(Mark with X)										
Correspondence contact details (in										
terms of above)										
D. QUALIFICATIONS (Additional	inform	ation may	be provid	ded on yo	ur C	CV)				
Name of school / Technical College	je H	ighest Qua	alification	Obtained	b	Year C	btained			
Name of Institution	N	ame of Qu	alificatio	n		NQF L	evel		Year Obtained	
F WORK EXPERIENCE (Addition	nal info	rmation m	av he nr	ovided on	. VOI	ur C\/\				
Employer (starting with the most	E. WORK EXPERIENCE (Additional information may be provided on yo Employer (starting with the most Position From							Re	Reason for leaving	
recent)	'			YY		To MM YY		┤ '```	acon for loaving	
			141141		+"	VIIVI				
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If you were previously employed in Local Government indicate whether a					ner a	any	Yes		No	
condition exists that prevents your						•				
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 pendin finalization of the disciplinary proceedings, If yes, provid details on a separate sheet				Yes		No				
G. CRIMINAL REC	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			Yes		No					
If yes, type of crimi										
Date criminal case finalized										
Outcome / Judgme	nt									
H. REFERENCE										
Name of Referee	Relationship	Tel(Office hours)	С	Cell Number Ema		ail				
			ı	<u> </u>						
I.DECLARATION					-					
I hereby declare the best of my knowled	dge true and correct		ny m	nisrepresentation or t	failure	in support thereof is to the to disclose any information				
Signature: D			Date:							