



SAKHISIZWE

MUNISIPALITEIT • UMASIPALA • MUNICIPALITY

P.O. BOX 26, CALA, 5455
 ERF 5556, UMTATHA ROAD: TEL – 047-877 5200, FAX – 047 – 877 0000
 P.O.BOX 21, ELLIOT, 5460
 15 MACLEAR ROAD, ELLIOT: TEL – 045 – 9311011 / FAX – 045 – 9311 361
 WWW.SAKHISIZWE.GOV.ZA

APPLICATION FOR EMPLOYMENT

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 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)*.

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|--|---------|-------|----------|--------|
| Advertised post applying for | | | | |
| Reference number | | | | |
| Name of municipality | | | | |
| Notice of service period | | | | |
| B. PERSONAL INFORMATION | | | | |
| Surname | | | | |
| First Names | | | | |
| Date of Birth | | | | |
| ID number | | | | |
| Race | African | White | Coloured | Indian |
| Gender | | Male | Female | |
| Do you have a disability? | | Yes | No | |
| Are you a South African Citizen? | | Yes | No | |
| If no, what is your Nationality | | | | |
| And do you have a valid work Permit? | Yes | No | | |
| Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴ | | | | |

Do you hold any political office in a political party, whether in a permanent, temporally or acting capacity? If yes provide information below

| | | |
|-----------------|----------|-------------|
| Political Party | Position | Expiry date |
| | | |

If your profession or occupation requires State or official registration, provide date and particulars of registration below.

| | | |
|-------------|---------------|-------------|
| | Yes | No |
| Institution | Membership no | Expiry date |
| | | |

C. HOW DO WE CONTACT YOU

Preferred language for correspondence?

Telephone number during office hours

Preferred method for correspondence Post E-mail Fax

Correspondence contact details (in terms of above)

D. LANGUAGE PROFICIENCY – state ‘good’, ‘fair’ or ‘poor’

| | | | | | | |
|-------|-----------------------|--|--|--|--|--|
| | Languages (specified) | | | | | |
| | | | | | | |
| Speak | | | | | | |
| Read | | | | | | |
| Write | | | | | | |

E. QUALIFICATIONS ⁵ (please ignore if you have attached a CV with these details)

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Tertiary education (complete for each qualification you obtained)

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F. DISCIPLINARY RECORD

Have you ever been dismissed for misconduct on or after 05 July 2011? Yes No

If yes, state name of Institution / municipality

Type of misconduct / Transgression

| | | | |
|---|-----|----|--|
| Date of resignation or disciplinary case finalised | | | |
| Award / Sanction | | | |
| Did you resign from your job on or after 05 July 2011 pending finalisation of disciplinary proceedings? If yes provide details on separate sheet. | Yes | No | |

| G. CRIMINAL RECORD | | | |
|--|-----|----|--|
| Were you convicted of criminal offence involving financial misconduct, fraud or corruption on or after 05 July 2011? If yes provide details on separate sheet. | Yes | No | |
| If yes, type of criminal act? | | | |
| Date case finalised | | | |
| Outcome/ judgement | | | |

| H. WORK EXPERIENCE 5 (please ignore if you have attached a CV with these details) | | | | | | |
|---|-----------|------|----|----|----|--------------------|
| Employer (including current employer) | Post held | From | | To | | Reason for Leaving |
| | | MM | YY | MM | YY | |
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| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment | | | | | | |
| If yes, provide the name of the previous employing department | | | | | | |

| G. REFERENCES (please ignore if you have attached a CV with these details) | | |
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| DECLARATION | |
| <i>I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.</i> | |
| Signature: | Date: |