

Cnr Joe Slovo/Douwater Avenue, Lephalale, 0555

Private Bag x 136, Lephalale, 0555

Tel: (014) 763 2193 Fax: (014) 763 5662

APPLICATION FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist Lephalale Local Municipality in selecting suitable 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 Lephalale 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 Lephalale 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 ADVERTISED 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						
Race	African	Coloured	Indian	White		
Gender	Male					
Do you have a disability?		Yes	No			
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 office in a political party, whether in a permanent, temporary or acting No						
capacity? If yes, provide information below.						
Political Party:	Position: Expiry date:					
Do you hold a professional membership with any professional body? If yes, provide information						
below						
Yes						

Professional Body:	Membership Number: Expiry date:									
C. CONTACT DETAILS										
Preferred language for										
correspondence?										
Telephone number during										
office hours										
Preferred method for										
correspondence (Mark with	Post		E-m	ail			F	ax		
an X)										
Correspondence contact										
details (in terms of above)										
D. QUALIFICATIONS (Addition	•	-			-					
Name of School / Technical	Highest Qualification	Obtair	ned	Year	Obtaine	ed				
College										
									I	
Name of Institution	Name of Qualificatio	n		NQF	Level				Year Obtained	
E MORK EXPEDIENCE (Addition	:!:f	h a .a.u.a.	اء ۽ اء:،		() ()					
E. WORK EXPERIENCE (Additi	Position	From		on you	To			D	accon for locuing	
Employer (starting with the	Position		-	./		\/\/		RE	Reason for leaving	
most recent)		MM	Y'	Y	MM	YY				
		-								
		-								
If you were proviously employe	d in Local Covernment	indica	+0	Voc	1		No	<u> </u>		
	If you were previously employed in Local Government, indicate Wes No whether any condition exists that prevents your re-employment:									
If yes, provide the name of		ірісуііі	CIII.							
the previous employing										
municipality:										
mamerpanty.	<u> </u>									
F. DISCIPLINARY RECORD										
Have you been dismissed for m	isconduct on or after 5	July 20)11?	Yes				N	No	
	If yes, Name of Municipality / Institution:									
Type of a Misconduct / Transgro										
Date of Resignation / Disciplina										
Award / Sanction										
Did you resign from your job on or after 5 July 2011 pending Yes						I	No			
finalization of the disciplinary proceedings? If yes, provide details										
on a separate sheet.										
				•				•		
G. CRIMINAL RECORD				1						
Were you convicted of a criminal offence involving financial Yes No										
misconduct, fraud or corruption on or after 5 July 2011? If yes,										
provide details on a separate sh	neet.									
If yes, type of criminal act										
Date criminal case finalized										

H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email

Outcome / Judgment

I. DECLARATION				
I hereby declare that all the information provided in this ag	oplication and any attachments in support thereof 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 appointed.				
Signature:	Date:			