

## **ANNEXURE C**

## APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGER IN TERMS OF GOVERNMENT GAZETTE NO. 37245 OF 17 JANUARY 2014

## TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post
- 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 to assist municipalities in expediting recruitment and selection processes.
- 4. All information received will be treated with strict 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 the 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 AD	/ERTISI	ED POST (	as reflec	ted in the a	advert)					
Advertised post applying for										
Reference number	N/A									
Name of Municipality	BREE	DE VALL	EY MU	NICIPALI	ΓΥ					
Notice service period	PERI	MANENT								
Language Proficiency	Afrikaans English Other					Other.	ner			
	Good	Average	Poor	Good	Average	Poor	Good	Average	Poor	
Read/Speak/Write										
Read/Speak/Write										
Read/Speak/Write										
Drivers Licenses	Yes			No:			Code:			
B. PERSONAL DETAILS	<u> </u>									
Surname										
First names										
ID or Passport Number										
Race	African Coloured			oloured	d Indian			White		
Gender					Fema	le	Male			
Do you have a disability?					Yes		No	No		
If yes, elaborate.					<u> </u>					
Are a South African citizen?					Yes		No			
If no , what is your Nationality?					•		-			
Work Permit Number (if any)										
Do you hold any political office			whether	in a permar	nent, tempora	ary or ac	ting No			
capacity? If yes, provide inforn										
Political Party:	Position:			Expir	Expiry date:					

Professional Body:	ssional Body: Membership Number:					Expiry date:				
	old a professional membership with any profession				nal body? If yes , provide					
information below Yes									No	
C. CONTACT DETAILS	j									
Preferred language for										
correspondence? Telephone number during	ng office									
hours	ng onice									
Preferred method for		Post			E-ma	ail		Fa	Y	
correspondence (Mark	with an X)	1 031				ш		' ' '	^	
Correspondence conta	ct details (in									
terms of above)		L								
D. QUALIFICATIONS (						CV)				
Name of School / Techr	nical College	Highes	t Qualificati	on Obta	ined		Year Obt	ained		
Name of Institution		Name o	of Qualificat	tion		NQF Level			Year Obtained	
E. WORK EXPERIENC	<b>E</b> (Additional i	nformatio	on may be p	rovided	on yo	ur CV)				
Employer ( starting with	the Position	1	-	From		То			Reason for	
most recent)	. 35.2.01								leaving	
				MM	YY	MM	I YY			
	+									
If you was a manife wally a	manalay sadin La	I C		-l:4	م حاله مار	- V		NIa		
If you were previously employed in Local Government , indicate whether Yes No any condition exists that prevents your re-employment:										
If yes, provide the name		i ic-citip	ioyinciit.							
the previous employing										
municipality										
F. DISCIPLINARY REC	ORD									
Have you been dismissed for misconduct on or after				ter 5 July 2011? Yes					No	
If yes , Name of Municipality / Institution:										
Type of a Misconduct /										
Date of Resignation / D			d							
Award / sanction		α	-							
	our lob ar ar	ofter 5	luly 2044	ondi	V/c	•		-	No	
				Ye	<del>5</del> 5			No		
finalisation of the disciplinary proceedings? If yes , provide details on a separate sheet										
					<u> </u>					
G. CRIMINAL RECOR	)									
		nce involv	/ina	Yes				Ī	No	
Were you convicted of a criminal offence involving Yes financial misconduct, fraud or corruption on or after 5 July							140			
2011? If yes , provide d										
If yes, type of criminal a				•				ı		
Date criminal case final	ised									
Outcome / Judgement										
12 / 2 2 29 2										
U DEEEDENGE										
H. REFERENCE	5.1.0		T <b></b>	, .	1	<u> </u>				
Name of Referee	Relationship		Tel (office	e hours)	)	Cellph	one Numb	er	Email	

I. DECLARATION	
I,	
Signature:	Date: