

## **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.
- 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).

01 <b>2</b> 000).										
A. DETAILS OF THE ADVERT	ISED P	OST (as re	eflected in	n the adve	rt)					
Advertised post applying for										
Reference number										
Name of Municipality										
Notice service period										
Language Proficiency				English			Other			
	Good	Average	Poor	Good	Average	Poor	Good	Average	Poor	
Read/Speak/Write										
Read/Speak/Write										
Read/Speak/Write										
Drivers Licenses	Yes			No:		ode:				
B. PERSONAL DETAILS										
Surname										
First names										
ID or Passport Number										
Race	African Colo		Coloure	ed	Indian		White			
Gender				Female			Male			
Do you have a disability?					Yes		No			
If yes, elaborate										
Are you a South African citizen?				Yes			No			
If no, what is yournationality?										
Work permit number (if any):										
Do you hold any political office in a p	olitical	party, whe	ther in a	permanent	t, temporary	or	No			
acting capacity? If yes, provide infor	mation l	below.								
Political Party:	Positi				Expiry date	e:				
Do you hold a professional membership with any professional body? If yes , provide					No					
information below. Yes										
Professional Body: Membership Number:						ā.				



C. CONTACT DETAILS	s		MCII ALIT. III.	ALCHELL	Asii F.S.							
Preferred language for												
correspondence?		<del>                                     </del>										
Telephone number duri hours	ing office											
Preferred method for										_		
correspondence (Mark	with an X)	Post	Post			E-mail				Fax		
Correspondence conta												
terms of above)			-			-: 1						
D. QUALIFICATIONS (Additional information may be provided on your CV)												
Name of School / Techi	ame of School / Technical College Highest Qualification Obtained Year Obtained											
Name of Institution		Name of	Name of Qualification				- N	NQF Level		Year Ob	ntained	
Traine of medicale.		i tuillo c.	Quannos			1101 2			Ci Teal Obtained			
E. WORK EXPERIENC		nformation	may be p	rovided	on yo	our CV	<u>/)</u>					
Employer (starting with	Position	1		From	Т	То			Reason for			
the most recent)				MM	TYY		им	YY		leaving	]	
				IVIIVI	11	IV	/IIVI	11				
				<del>                                     </del>	+	+						
				<u> </u>	+	$\top$						
If you were previously e				dicate w	hethe	r Y	′es	_	No			
any condition exists the		r re-emplo	yment:									
If yes, provide the name of the previous employing												
municipality	"'9											
F. DISCIPLINARY REC	CORD											
Have you been dismiss			after 5 July	y 2011?	Ye	es				No		
If yes , Name of Municip					$\perp$							
Type of a Misconduct /					+							
Date of Resignation / D Award / sanction	isciplinary case	e finaliseu			+							
	ur ich on or afte	er 5 July 20	111 nendii	na finali	eation	of the	a disc	inlinary				
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide detailson a separate sheet.						No						
G. CRIMINAL RECOR												
Were you convicted of	a criminal offer	nce involvir	ng financia	al misco	onduct	t, frau	d or c	orruption	on	V	NI-	
or after 5 July2011? If y						,		•		Yes	No	
If yes, type of criminal a												
Date criminal case final	lised											
Outcome / Judgement												
			U DEI	EEDEN	CE							
Name of Referee	Relation	shin	H. REFERENCE hip Tel (office hours) Cellpho			ne Num	her	er Email				
rame of referee	relation	ЗПР	101(01	noc noc	110)		Clipric	nic rium	DCI	Liliali		
I. DECLARATION												
I hereby declare that all the information provided in this application 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 disqual	may lead to my disqualification or termination of my employment contract, if appointed											
Signature:				Date	<b>)</b> :							