ANNEXURE C

**APPLICATION FORM FOR EMPLOYMENT**

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| **TERMS AND CONDITIONS**   1. The purpose of this form is to assist the Municipality in selecting suitable candidate 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. Candidate 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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| 1. **DETAILS OF THE ADVERTISED POST** (as reflected in the advert) | | | | |
| Advertised post applying for |  | | | |
| Reference number |  | | | |
| Name of the Municipality |  | | | |
| Notice service period |  | | | |
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| 1. **PERSONAL DETAILS** | | | | |
| Surname |  | | | |
| First Names |  | | | |
| ID or Passport Number |  | | | |
| Race | African | Coloured | Indian | White |
| Gender | | | Female | Male |
| Do you have a disability | | | Yes | No |
| If yes, elaborate |  | | | |
| Are a South African Citizen | | |  |  |
| If no, what is your Nationality |  | | | |
| Work Permit Number (if any): |  | | | |
| Do you hold any political office in a political party, whether, temporary of acting capacity? If yes, provide information below. | | | Yes | No |
| Political Party: | Position: | | Expiry date: | |
| Do you hold a professional membership with any body? If yes, provide information below | | | Yes | No |
| Professional Body: | Membership Number: | | Expiry date: | |

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| 1. **CONTACT DETAILS** | | | |
| Preferred language for correspondence? |  | | |
| Telephone number during office hours |  | | |
| Preferred method for correspondence (Mark with an X) | Post | Email | Fax |
| Correspondence contact details (in terms of the above) |  | | |

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| 1. **QUALIFICATIONS** (Additional information may be provided in your CV) | | | |
| Name of School/ Technical College | Highest Qualification Obtained | Year Obtained | |
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| Name of Institution | Name of Qualification | NQF Level | Year Obtained |
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| 1. **WORK EXPERIENCE** (Additional information may be provided on your CV) | | | | | | |
| Employer (Starting with the most recent) | Position | From | | To | | Reason for leaving |
| MM | YY | MM | YY |  |
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| If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment: | | | | Yes | | No |
| If yes, provide the name of the previous employing municipality. |  | | | | | |

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| 1. **DISCIPLINARY RECORD** | | |
| Have you been dismissed for misconduct on or after 5 July 2011? | Yes | No |
| If yes, Name of the Municipality/ Institution: |  | |
| Type of a Misconduct/ Transgression. |  | |
| Date of Resignation/ Disciplinary case finalised |  | |
| Award/ Sanction |  | |
| Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet. | Yes | No |

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| 1. **CRIMINAL RECORD** | | | |
| Were you convicted from 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 criminal act |  | | |
| Date criminal case finalised |  | | |
| Outcome/ Judgment |  | | |

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| 1. **REFERENCE** | | | | |
| Name of Referee | Relationship | Tel (office hours) | Cellphone Number | Email |
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| 1. **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 disqualification of termination of my employment contract, if appointed. | |
| Signature: | Date: |