## The Msunduzi Municipality

Private Bag X 321 Pietermaritzburg

3200 (033) 392 2002 City Hall, Chief Albert Luthuli Street

Pietermaritzburg

3201

www.msunduzi.gov.za



## **TERMS AND CONDITIONS**

Advertised post applying for

- 1. The purpose of this form is to assist a 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 C.V.
- 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 Amendment Act of 2011 read in conjunction with the 2014 DECOG Regulations on the employment and conditions of service of senior managers in municipalities).

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Reference number						
Name of Municipality						
Notice service period						
B. 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?			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, No						
temporary or acting capacity? If yes, provide information below.						

Political Party:	Position:			Expiry date:					
Do you hold a professional m provide Information below	embership with	any	prof	fessio	ona	al body	? If y	/es,	No
Professional Body:	Membership Number:			Expiry date:			1		
C CONTACT DETAIL C									
C. CONTACT DETAILS									
Preferred language for Correspondence?									
Telephone number during office hours									
Preferred method for	Post		E-m	nail		Fax			
Correspondence (mark with									
an X)									
Correspondence contact									
details (In terms of above)									
D. QUALIFICATIONS (Addit	ional informat	ion	may	be p	rov	vided	on y	our	CV)
Name of School/Technical				Year					
College	Obtained				0	Obtained			
Name of Institution	Name of Qualification N			N	NQF Level		Y	ear obtained	
E. WORK EXPERIENCE (Ad	ditional inform	natio	on m	av b	e n	rovide	ed o	n vo	ur CV)
Employer (starting with the	From					To			, o and o a <b>,</b>
most recent)	Position	1 10111						Reason for	
meet recently	1 Collier	М	M	YY		MM	ΥΥ		eaving
		'''				101101			ouvg
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:					Yes		١	No	
If yes, provide the name of						1			
The pervious employing									
Municipality:									
a.na.pamy.									
F. DISCIPLINARY RECORD									
Have you been dismissed for misconduct on, or after 5 July					Yes			No	
2011?		,	u		.,				
If yes, Name of Municipality/b	netitution:								
If yes, Name of Municipality/Institution:  Type of a Misconduct/Transgression									
Type of a Misconduct/Transg	16881011								

Date of Resignation	/Disciplinary ca	ase finalised					
Award/Sanction							
Did you resign from finalisation of the dis details on a separat	Yes	No					
G. CRIMINAL REC	ORD						
Where you convicte Misconduct, fraud o yes, provide details	Yes	No					
If yes, type of criminal act							
Date criminal case finalised							
Outcome/Judgment							
H. REFERENCE							
Name of Referee	Relationship	Tel (office Hou	rs) Cell p	hone number	E-mail		
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 disqualification, or termination of my employment contract, if appointed.							
Signature: Date:							