## 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<br>Misconduct, fraud o<br>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:   |                  |                 |            |             |        |  |  |