MBHASHE LOCAL MUNICIPALITY



APPLICATION FORM FOR EMPLOYMENT

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 assist municipality with recruitment, selection and appointment of senior managers in terms of *Local Government :Municipal Systems Act,200(Act No.32 of 200)*.

A. DETAILS OF THE ADVER	TISED	P OST (as r	eflected in the	advert)					
Advertised Post applying									
for									
Reference number									
Name of the Municipality									
Notice service period									
B. PERSONAL DETAILS									
Surname									
First Names									
ID or Passport Number									
Race		African	Coloured	Indian	Whi	te			
Gender				•					
Do you have disability?					•				
If yes, elaborate									
Are you South African citizen					Yes	No)		
If, what is your country?					•				
Work Permit Number (if there is	any)								
Do you hold any political office in	n a poli	tical party	, whether in a	permanent	, temp	orally	or acting		No
capacity? If yes, provide informa	tion be	low.							
Political Party	Position				Expiry D	Expiry Date			
Do you hold a professional mem	with any	professional b	ody? If yes,	provi	de		No		
information.									
Professional Body:	Membership Number Expire					y Date:			
C. CONTACT DETAILS									
Preferred Language for									
correspondence?									
Telephone during office hours									

Signature :	zinpio,	yment (COIICI	act, ij u	ppul	Date:							
misrepresentation of termination of my e	-			-	-		nay	iead to n	ny dis	qualifi	cati	on or	
support thereof is t		-	-		_							-	
I hereby declare the		-		-						-			n
I.DECLARATION													
Name of Referee	Relati	ationship Tel(Offic				hours) Cellphone Nu			Numb	oer	E-	E-Mail	
H. REFERENCE													
Outcomes/Judgment													
Date criminal case finalised													
Is yes type of criminal													
on or after 5 July 2011? If yes, provide details on a separate sheet.													
Were you convicted o					_			uct, fraud	or cor	ruption	7	Yes	No
G. CRIMINAL RECORD													
disciplinary proceedings? If yes, provide details on separate sheet.													
								oi tile		C 3		INU	
Award/Sanction Did you resign from you	Our or	or after	5 11	v 2011 n	endina	finalicat	ion	of the		'es		No	
Date of resignation/D	isciplin	ary case	tina	ıısea									
Type of misconduct/T			£:	lia a al			-						
If yes, name of the mu		•	itutio	n:									
•					or afte	r 5 July 2	:011	. (Y	'es	1	No	
F. DISCIPLINARY RECORD Have you ever been dismissed for misconduct on or after 5 July 2011? Yes No													
титистранту													
If yes, provide the nar municipality	me of t	ne previ	ous e	employin	g								
whether any condition						loyment:							
, ,									No				
				_				1					
most recent)				MM	YY	YY		MM YY					
	Employer(starting with Position						То					ason for leaving	
E. WORK EXPERIENCE				ition may	y be pr	ovided o	n yc	our CV)					
			<u> </u>						<u> </u>		<u> </u>		
Name of Institution				Name of Qualifications						LEVEI	Year Obtained		
Name of Institution	Name of Qualifications						NO	Level	Year Obtained				
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D. QUALIFICATIONS(Name of School/Tech						ions Obta	-	-		V	aar	obtair	ned.
D OHAHEICATIONS	۷ ۲۲:+: -	anal info	rmat	ion mar:	ho n=-	vidad az	VC:	ır (\/\					
details(in terms of abo													
Correspondence cont	act												
correspondence(Mark X)	K WITH &	an Po	ost			E-mail			Fax				
	. with	an D	oct E mail					Fav					