



Mbhashe
Local Municipality
Willovale | Dutywa | Elliotdale

All correspondence must be directed to the office of the Municipal Manager.
454 Streatfield Street, Dutywa
Eastern Cape Province
Tel: 047 489 5800, Fax: 047 489 1137
Email: info@mbhashemun.gov.za
www.mbhashemun.gov.za

APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGERS

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 strict 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).

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

Advertised post applying for	
Reference Number	
Name of Municipality	
Notice service period	

B. PERSONAL DETAILS

Surname				
First Name				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Male	Female
Do you have any disability			Yes	No
If yes please elaborate				
Are you a SA citizen?			Yes	No
If no what is your Nationality				



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Work permit Number (if any)			
Do you hold any political office in a political party, ether in a permanent, temporary or acting capacity? If yes ,provide information below			NO
Political Party	Position	Expiry date:	
Do you hold a professional membership with anybody? If yes provide information below			NO
Professional Body	Membership Number	Expiry date:	
C. CONTACT DETAILS			
Preferred Language for Correspondence			
Telephone Number during office hours			
Preferred Method for correspondence (mark with an X		Post	E- Mail
			Fax
Correspondence contact details in terms of the above			
D. QUALIFICATIONS (Additional information may be provided on your CV)			
Name of School /Technical College	Highest Qualification Obtained		Year Obtained
Name of Institution	Name of qualification	NQF Level	Year obtained
E. WORK EXPERIENCE (Additional information may be provided on your CV)			
Employer starting with the most recent	Position	From	TO
			Reason for Leaving



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If you were previously employed in Local Government, indicate whether any conditions exist that prevents your re-employment			Yes	No
If Yes provide the name of the previous employing Municipality				
F. DISCIPLINARY RECORD				
Have you been dismissed for misconduct on or after 5 July 2011			Yes	No
If yes, Name of Institution				
Type of Misconduct/Transgression				
Date of Resignation/Disciplinary case finalized				
Award or Sanction				
Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings, if yes provide details on a separate sheet			Yes	No
G. CRIMINAL RECORD				
Were you convicted of 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 of criminal case finalized				
Judgment/Outcome				
H. REFERENCES				
Name & Surname	Relationship	Tel (Office hours)	Cell Number	E mail



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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 information may lead to my disqualification or termination of my employment contract, if appointed				
Signature:			Date:	