67 Church Street, Mt Ayliff, 4735 Tel: +27 (0)39 254 6000

Fax: +27 (0) 39 255 0167 Web : www.umzimvubu.gov.za



813 Main Street , Mount Frere P/ Bag 9020, M t Frere , 5090 Tel: +27 (0)39 255 8500 /166 Fax: +27 (0) 39 255 0167

UMZIMVUBU LOCAL MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality 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 an interview may be requested to furnish additional information that will assist the municipality 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 (Act No: 32 of 2000).

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)					
Advertised post applying for					
Name of Municipality					
Notice service period					
B. PERSONAL DE	ΓAILS				
Surname					
First Names					
ID or Passport Number					
Race (tick where appropriate)	African	Coloured	Indian	White	
Gender			Female	Male	
Do you have a disability?			Yes	No	
If yes, elaborate					
Are you a South African ci	tizen?		Yes	No	

If no, what is your						
Nationality? Work Permit Number (if						
any):						
Do you hold any political of	office in a po	olitical party, who	ether in a pe	rmanent or		
acting capacity? If yes pro			·			
Political Party		Position				Expiry date
Do you hold any a professi provide information Yes	ional membo	ership with any p	professional	body? If yes		No
Professional Body:	Members	Membership Number:				Expiry date
C. CONTACT DE	TAILS					
Preferred Language for						
correspondence?						
Telephone number during office hours						
Preferred method for correspondence (Mark with an X)	Post		Email		Fax	
Correspondence contact details						
D. QUALIFICATION	IS (addition	al information	may be pro	ovided on you	ur CV)	
Name of school / Technical College		Highest Qualification obtained			Year obtained	
Name of Institution		Name of Qualification		NQF Leve	el	Year obtained

E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (starting with most recent)	Position	From MM	YY	To MM	YY	Reason for leaving
If you were previously 6	employed in Lo	cal Governm	ent, indica	te whether	Yes	No
any conditions exist that prevent your re-employment						
If yes, provide the name the previous employing municipality:						

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

G. CRIMINAL RECO	RD				
Were you convicted of a misconduct, fraud or coyes, provide details on a	rruption on or afte		Yes		No
If yes, type of criminal act			1		
Date criminal case finalised					
Outcome / Judgement					
H. REFERENCE					
Name & Surname	Designation	Relationship you	with	Contact	Email address
DECLARATION					
I hereby declare that a support thereof is to the misrepresentation or f termination of my em	he best of my kno failure to disclose	wledge true and any information	correct.	I understand	d that any
Signature:		Date:			

