67 Church Street, EmaXesibeni, 4735

Tel: +27 (0)39 254 6000 Fax: +27 (0) 39 255 0167 Web: www.umzimvubu.gov.za



Dabula Street,Sophia,KwaBhaca P/ Bag 9020, KwaBhaca, 5090 Tel: +27 (0)39 255 8500

Fax: +27 (0) 39 255 0167

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 of2000).

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

If no, what is your										
Nationality?										
Work Permit Number (i any):	f									
Do you hold any politic	cal office in	а ро	litical part	y, whethe	rerman	nent or				
in a p acting capacity?	lf yes provid	le info	rmation b	elow.						
Political Party		Position			1	Expiry date				
Do you hold any a profe professional	ssional me	mber	ship with a	any	body	? If yes				
provide information										
Yes								No		
Professional Body:	Members	ship N	Number:					Expi	iry date	
C. CONTACT DETA	ILS						,			
Preferred Language for correspondence?										
Telephone number										
during office hours										
Preferred method for	Post	Post			Email Fa			ЭХ		
correspondence										
(Mark with an X)										
Correspondence contact details										
Contact details										
D. QUALIFICATION	IS (addition	al inf	ormation r	may be pro	vided	on your	CV)			
Name of school / Technical College		Highest Qualification obtained					Year obtained			
Name of Institution		Name of Qualification NQF Level			el.	Year obtained				
E. WORK EXPERIEN	I CE (Additio	nal in	nformation	may be pr	ovided	d on you	ır CV)			
Employer (starting	Position	IF	rom		То				Reason	
with most recent)			1M	YY	MM	Y	Υ		for leaving	
,										

If you were previou whether any condit				Yes	No
If yes, provide the	name vious	-		<u> </u>	·
F. DISCIPLINARY REC	CORD				
Have you ever been 5 July 2011?	n dismissed for r	misconduct on or	after Yes		No
If yes , Name of Mu	ınicipality / Instit	tution			
Type of a Miscondu	uct / Transgressio	on			
Date of Resignation	n				
G. CRIMINAL RECO	RD				
Were you convict financial misconduct 2011? Ifyes, provide	t, fraud or corrup	otion on or after 5	•		No
If yes, type of crit Act	minal		1	,	
Date of finalized cas	se e				
Outcome/Judgemer	nt				
H. REFERENCE					
Name &Surname	Designation	Relationship with you	Contact	Email Addr	ess
DECLARATION					
hereby declare that thereof is to the best	t of my knowledg	•	t. I understand	d that any misr	epresentati
tract, if appointed.					