

Reg: 2007/008144/07

PO Box 2420 Tzaneen 0850 South Africa

Office No. 63

Cascades Building, Tzaneen

Tel: +27 15 307 3296 Fax: +27 15 307 4954 Email: <u>info@gteda.co.za</u>

Web: www.gteda.co.za

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the agency 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 the agency 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 the agency 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 TH	TE ADVEDT	TIGED DOCT (
A. DETAILS OF TH Advertised post applying for	E ADVEKI	ISED POST (as	s reflected in the advert	1
Reference number				
Name of Municipality				
<u> </u>				
Notice service period				
B. PERSONAL DET	AILS			
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				.1
Are you a South African citizen? Yes				No
If no, what is your			•	
Nationality?				
Work Permit Number (if				
any):				
Do you hold any political offi			a permanent, temporary	No
or acting capacity? If yes, pro		on below.		
Political Party:	Position Expiry date:			
Do you hold a professional m	embership with	n any professional b	ody? If yes, provide	
information below				No
Yes				
Professional Body:	Membership Number: Expiry date:			
C. CONTACT DETA	AILS			

C. CONTACT DETA	AILS
Preferred language for	
correspondence?	

Telephone number du	ıring									
office hours				1_						
Preferred method for		Post		E-ma	E-mail			Fax		
correspondence (Mar	k with									
an X)										
Correspondence contr										
details (in terms of ab	ove)									
D. QUALIFIC	ATION	NS (Addition	nal info	rmatio	n ma	y be	provid	ed on	your CV)	
Name of School /		Highest Qualification Year Obtained								
Technical College		btained								
Name of Institution	Na	me of Qualific	cation	NQF	NQF Level			Year Obtained		
-										
	<u> </u>							ı		
E. WORK EX	PERIE	NCE (Addi	tional i	nforma	tion	mav	be pro	vided o	on vour CV)	
Employer (starting wit		sition		From	<u> </u>			<u> </u>		
the most recent)			 	MM	YY		MM	YY	leaving	
							11111	1	8	
If you were previously	employ	ed in Local G	overnmer	nt indicat	e whe	ether	anv	Yes	No	
condition exists that pr				it, iliaica	.c wiic	Juioi	uny	105	110	
If yes, provide the nam		our re emprey	, intent.							
of the previous										
employing municipalit	v.									
	<i>y</i> -									
F. DISCIPLIN	ARY I	RECORD								
Have you been dismiss	sed for n	nisconduct on	or after 5	July 201	1?		Yes		No	
If yes, Name of Munic	ipality /	Institution:								
Type of a Misconduct	/ Transg	ression								
Date of Resignation / I	Disciplin	nary case final	ized							
Award / sanction	-									
Did you resign from your job on or after 5 July 2011 pending						Yes		No		
finalization of the disciplinary proceedings? If yes, provide details on a				n a						
separate sheet.	_		• •							
•									•	
G. CRIMINAL	REC	ORD								
Were you convicted of	a crimi	nal offence inv	volving fi	nancial			Yes		No	
misconduct, fraud or c	orruptio	n on or after 5	July 201	1? If yes,	provi	ide				
details on a separate sh	neet.		•		•					
If yes, type of criminal										
Date criminal case										
finalized										
Outcome / Judgment										
H. REFERENC	CE									
Name of Referee	Relation	nship	Tel (offi	ice hours)	Cellp	phone Nu	ımber	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.						

Date:

Signature: