

## APPLICATION FORM FOR EMPLOYMENT

## **GREATER TZANEEN MUNICIPALITY**

Tel.: 015 - 307 8000 Fax: 015 - 307 8049 ⊠ 24, TZANEEN, 0850

## 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 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 TH	E ADVERT	ISED PO	OST (as ref	lected in the ad	vert)	
Advertised post applying for						
Reference number						
Name of Municipality						
Notice service period						
B. PERSONAL DET	AILS					
Surname						
First Names						
ID or Passport Number						
Race	African	Coloure	d	Indian	White	
Gender		•		Female	Male	
Do you have a disability?				Yes	No	
If yes, elaborate					·	
Are you a South African citize	No					
If no, what is your					·	
Nationality?						
Work Permit Number (if						
any):						
Do you hold any political office in a political party, whether in a permanent, temporary No						
or acting capacity? If yes, pro		n below.		<b>,</b>		
Political Party:	Position Expiry date:					
Do you hold a professional membership with any professional body? If yes, provide						
information below					No	
Yes	Γ			1		
Professional Body:	Membership Number:			Expiry date:		
C COME A CE DEE	A TT C					
C. CONTACT DETA	AILS					
Preferred language for						
correspondence?						
Telephone number during						
office hours	7	1	- ·			
Preferred method for	Post		E-mail		Fax	
correspondence (Mark with						
an X)						
Correspondence contact						
details (in terms of above)						

Name of School / Technical College	Highest Qualific Obtained	cation	Year Obtained					
			NOET	1		T 7	011	
Name of Institution	Name of Qualif	ication	NQF Level			Year Obtained		
E WORK EXP	ERIENCE (Add	litional in	formatic	n ma	v he nro	vided	on your CV)	
Employer (starting with			From   To   Reason for					
the most recent)	Tosition			ΥY	MM	YY	leaving	
the most recent)		10	VIIVI	1 1	IVIIVI	11	icuving	
If you were previously	employed in Local (	Government	indicate	whethe	r anv	Yes	No	
condition exists that pre	1 2		, marcure	vv ii c cii c	ully	105	110	
If yes, provide the name		<i>y</i>				<u> </u>		
of the previous								
employing municipality	<i>r</i> :							
F. DISCIPLINA		0 5 1	L-1 2011C	1	Yes		No	
Have you been dismisse		1 or after 5.	July 2011.		1 68		INO	
If yes, Name of Municip								
Type of a Misconduct /		1: 1						
Date of Resignation / D	isciplinary case fina	llized						
Award / sanction					V		No	
Did you resign from your job on or after 5 July 2011 pending					Yes	i es i no		
finalization of the disciplinary proceedings? If yes, provide details on a								
separate sheet.								
G. CRIMINAL	RECORD							
Were you convicted of a criminal offence involving financial Yes No								
misconduct, fraud or co				rovide				
details on a separate she	eet.							
If yes, type of criminal	act							
Date criminal case								
finalized								
Outcome / Judgment								
H. REFERENC	F							
						mhar	E-mail	
Name of Referee	Keiationship	161 (01110	e nours)	Cei	lphone Nu	iiiibei	E-man	
				-				
I. REFERENC	E							
I hereby declare that all								
the best of my knowled	ge true and correct.	I understan	d that any	misrep	resentation	n or fail	ure to disclose any	
information may lead to								
Signature:			Date:					

D. QUALIFICATIONS (Additional information may be provided on your CV)