

APPLICATION FORM FOR EMPLOYMENT GREATER TZANEEN MUNICIPALITY

Tel.: 015 - 307 8000 Fax: 015 - 307 8049 P O Box 24, TZANEEN, 0850



TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the 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 the municipality to expedite recruitment and selection processes.
- 4. All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000).

A. DETAILS OF THE ADV	ERTISE	D POST	as refle	cted in the adver	t)	
Advertised post applying for						
Reference number						
Name of the Municipality						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Names						
ID or Passport Number						
Race	African	Whit	te	Coloured	Indian	
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?						
Do you have a valid work Permit?				Yes	No	
Do you hold a professional membership with any professional body?	Yes	No			,	
Name of professional body:	Membership Number:			Expiry date:		
	1			•		
C. CONTACT DETAILS						
Telephone number during office hours						
Mobile phone number						
Postal Address						
Email address						
Preferred language of communication						

D. QUALIFICA	TIONS (Additi	onal inforn	nation	may b	e provide	d on	your CV)	
Name of School /	Highest Qualific	Year Obtained						
Technical College	Obtained							
Name of Institution	Name of Qualif	Name of Qualification NQF Level				Yea	ar Obtained	
E. WORK EXP	ERIENCE (Add	litional info	ormati	on may	be prov	ided (on your CV)	
Employer (starting with	h Position	Fı	From		То		Reason for	
the most recent)		M	IM	YY	MM	YY	leaving	
F. DISCIPLINA	RY RECORD							
Have you been dismissed	for misconduct dur	ing the past te	n (10) ye	ears?	Yes		No	
If yes, Name of Municipa								
Type of a Misconduct / T	ransgression							
Date of Resignation / Dis		zed/ Dismissal						
Award / sanction	1 7							
Have you been accused o	f an alleged miscone	duct and resign	ned from	your job	Yes		No	
pending finalisation of the disciplinary proceedings?								
							'	
G. CRIMINAL	RECORD							
Have you been convicted		ence in a court	of law d	luring the	e Yes		No	
past ten (10) years?	of any criminal offe	ence in a court	or raw u	iui iiig uik	168		NO	
past ten (10) years.								
If yes, type of criminal ac	t							
Date criminal case finaliz								
Date criminal case main								
Outcome / Judgment								
H. REFERENC	<u> </u>							
	Relationship	Tal (office	hours)	1 phone Nu	mhar	E-mail		
Name of Referee Relationship		Tel (office hours)		CCI	Cell phone Number		L-man	
T DEGLES	TION							
I. DECLARA								
I hereby declare that all the								
best of my knowledge tru							sclose any information	
may lead to my disqualifi	cation or terminatio	ii oi my emplo	·	omract, 1	1 appointed	•		
Signature:			Date:					
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