FRANCES BAARD

DISTRICT MUNICIPALITY

Private Bag X6088 KIMBERLEY, 8300

TEL: (053) 8380911 FAX: (053) 8611538 51 Drakensberg Avenue KIMBERLEY, 8301

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 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.
- 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 THE ADVERTISED	POST (as reflected in the advert)	
Advertised post applying for		

Reference number						
Name of Municipality						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Names		100				
ID or Passport Number						
Race	African	Coloured	Indian	White		
Gender			Female	Male		
Do you have a disability?			Yes	No		
The state of the s	1					
If yes, elaborate						
Are a South African citizen?			Yes	No		
If no, what is your Nationality?						
Work Permit Number (if any):				700		
Do you hold any political office capacity? If yes, provide information		whether in a permane	nt, temporary or actir	No No		
Political Party: Position: Expi						
Do you hold a professional me	mbership with any p	rofessional body? If y	es, provide information	on N		
below				No		
Yes						

Professional Body:	Membership Number:					Expiry d	ate:		
C. CONTACT DETAILS									· · · · · · · · · · · · · · · · · · ·
Preferred language for correspondence?									
Telephone number during office hours									
Preferred method for correspondence (Mark with an X)	Po	st	E-mail				Fa	х	
Correspondence contact details (in terms of above)									
D. QUALIFICATIONS (Additiona	al inf	ormation may be p	provided on y	our CV)				
Name of School/ Technical Colle		Highest Qualifica			r Obtair	ned			
Name of Institution	Name of Qualification			NQF	Level	Year	· Obta	ained	
	a .								
E. WORK EXPERIENCE (Additi	onal	information may b	e provided o	n your (CV)		***		
Employer (starting with the most recent)		ent)	Position	From		То		Reason	for
				ММ	YY	MM	YY		
			0		4	-			

If you were previously employed in Loca		ent, indicate	whethe	r any	Yes		No		
condition exists that prevents your re-emplo	yment:				res		No		
					4				
If yes, provide the name of the previous	emplovina								
municipality:	, , , , ,								
							100100000000000000000000000000000000000		
F. DISCIPLINARY RECORD									
Have you been dismissed for misconduct of	n or after 5	luly 20112	Yes			No			
The second distinction of misseriades	ir or alter 5 c	ruly 2011:	168	res			NO		
If yes, Name of Municipality/Institution:									
Type of a Misconduct/Transgression						+			
Data of Basismatica/Disciplinas (C. III							-		
Date of Resignation/Disciplinary case finalis	sed								
Award/sanction									
Did you resign from your job on or aft	er 5 July 2	2011 nending	,				2 20 TO THE THE PARTY OF THE PA		
finalisation of the disciplinary proceedings?						A.			
a separate sheet.	Yes			No					
a separate sneet.									
G. CRIMINAL RECORD									
Ware you convicted of a sales to "									
Were you convicted of a criminal off									
misconduct, fraud or corruption on or after 5 July 2011? If yes,						No			
provide details on a separate sheet.									
If yes, type of criminal act	l l								

Data ariminal ages fin.	-11			T		T		
Date criminal case fina	alised							
Outcome/Judgment								
				<u> </u>				
H. REFERENCE								
Name of Referee	Relationship	Tel (office hours)	Cellpho	ne Number	Er	mail		
	- NO.	-3500 Helsen						
					+			
					+			
				Ont to				
Γ								
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.								
			on a, a.	inprogramme co	ruot,	п арроппос.		
Signature:				Date:				