

102 Main Street,

Matatiele P.O. Box 35,

Matatiele, 4730

Tel: 039 737 3135

Fax: 039 737 3611

**CSD 06** 

## COMPULSORY EMPLOYMENT APPLICATION FORM FOR SENIOR MANAGERS

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

## TERM AND CONDITIONS

- 1. The purpose of this form is to assist Matatiele Local 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. Candidate 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 designated to assist the 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)

Advertised post applying for						
Reference Number						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Name						
ID or Passport Number						
Race	African	Coloured	Indian	White		
Gender			Female	Male		
Do you have a disability?			Yes	No		
If yes, elaborate						
Are you South African Citizen			Yes	No		
If no, what is your Nationality?						
Work Permit number (if any):						
Do you hold any political office in a po		rmanent, ter	mporary or	No		
acting capacity? If yes, provide informa						
Political Party:	Position: Expiry Date:					
Do you hold any professional members	hip with any profession	al body? If y	yes, provide			
YES		NO				
Professional Body:	Membership Number	er:	Expiry	Expiry Date:		
C. CONTACT DETAILS						
Preferred language for correspondence						
Telephone number during working						
hours						
Preferred method for correspondence	Post	E-m	E-mail Fax			
(Mark with X)						
D. QUALIFICATIONS (Additional in						
Name of School / Technical College	Highest Qualification C	btained	Year Obtained			
Name of Institution	Name of Oualifications		NOF Level	Year Obtained		

Employer (starting with	NCE (Additional in the most   Position	•	FROM	ТО	Reason for	
ecent)	the most 1 ositie	<i>/</i> 11	MM YY	MM YY	Leaving	
			171171   1 1	171171	Zouving	
If you were previously of			dicate whether	Yes	No	
any condition exists tha		employment				
If yes, provide the name	-					
employing Municipality	<i>y</i> :					
F. DISCIPLINARY R	ECORD					
Have you been dismisse		on or after 5 July		Yes	No	
2011?						
If yes, Name of Municip	pality/Institution:				•	
Type of a Misconduct/	Transgression					
Date of Resignation/Dis	sciplinary case fina	lised				
Award section						
Did you resign from you		Yes	No			
the disciplinary proceed	lings? If yes, provid	de details on a sepa	arate sheet.			
G. CRIMINAL RECO	)RD					
Were you convicted of	Yes	No				
misconduct, fraud or co		1,0				
provide details on a sep	•	J	,			
If yes, type of criminal	act			•	<u> </u>	
Date criminal case final						
Outcome/Judgement						
H. REFERENCE						
	Relationship	Tel (office ho	ours) Cellpho	one Number	Email	
tame of Referee	Relationship	Ter (office in	ours) cempile	one runneer		
<u>_</u>						
I. DECLARATION						
	the information pr	ovided in this appl	ication and any at	tachments in su	pport thereof is	
I hereby declare that all best of my knowledge to	rue and correct. Î u	nderstand that any	misrepresentation	n or failure to di	sclose any	
I. DECLARATION I hereby declare that all best of my knowledge trinformation may lead to	rue and correct. Î u	nderstand that any	misrepresentation	n or failure to di	sclose any	