CITY OF TSHWANE APPLICATION FORM FOR EMPLOYMENT



(THE TSHWANE METROPOLITAN MUNICIPALITY IS AN EQUAL-OPPORTUNITY EMPLOYER)

- 1. The purpose of this form is to assist the City of Tshwane in selecting suitable candidates for advertised posts.
- 2. No applications will be accepted after the stipulated closing date.
- 3. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided on this form. Any additional information may be provided on a CV.
- 4. Candidates who are shortlisted for interviews may be requested to furnish additional information that will assist the City of Tshwane to expedite recruitment and selection processes.
- 5. Medical, physical, competency and/or psychometric evaluations, in accordance with applicable legislation, could be prerequisites for appointment.
- 5. All information received will be treated with strict confidentiality and will not be used for any other purpose other than to assess the suitability of the applicant.
- 6. This form is designed to assist the City of Tshwane with recruitment, selection and appointment of suitable candidates in terms of the Local Government: Municipal Systems Act, 2000 (Act 32 of 2000).

A. DETAILS OF ADVERTISED POST (as reflected in advertisement)								
Advertised post being applied for								
Reference number								
Notice service period								
B. PERSONAL DETAILS								
Surname								
First name(s)								
ID or passport number								
Race	African	Coloured	Indian	White				
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?								
Work permit number (if any)								
Do you hold a professional memb the information below.	ership with any profes	Yes No						
Professional body	Membership number		Expiry date					
C. CONTACT DETAILS								
Preferred language of corresponde	ence							
Contact numbers	Cell phone		Alternative number					
Email address (if applicable)								
Residential address								
Postal address (if different)								
D. DRIVER'S LICENCE(S)								
License code(s) (eg C1, EB, etc)								
Expiry date of licence(s)								
Do you have a PDP?			Yes	No				
If yes, indicate the expiry date of the PDP.								

E. QUALIFICATIONS (Addi	itional information	may be prov	vided on you	ur CV.)		
Highest school qualification (grade) completed	Name of school/training institution			Year that qualification was completed		
Highest tertiary/technical qualification obtained	Name of institution			NQF level		Year obtained
F. WORK EXPERIENCE (Ac	dditional information	on may be pi	rovided on y	our CV.)		
Are you currently employed?						No
If yes, supply the name of your cuthe period of employment.	rrent employer and					
If currently a City of Tshwane empty designation and pay number.	ployee, provide your					
Other employers (start with the most recent)	Position	From		То		
		ММ	ΥΥ	ММ	YY	Reason for leaving
If you were previously employed in local government, indicate whether any condition exists that prevents your re-employment.				Yes		No
If yes, provide the name of the pr where you were employed.	evious municipality					
G. DISCIPLINARY RECORD						
Have you ever been dismissed for misconduct on or after 5 July 2011?						No
If yes, indicate the name of the municipality/institution.						
Type of misconduct/transgression						
Date of resignation/disciplinary co	ase finalised					
Award/sanction						
Did you resign from your job or disciplinary proceedings? If yes, p			isation of the	Yes		No
H. CRIMINAL RECORD				l		1
Were you ever convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate page.						No
If yes, provide the type of criminal act		•				
Date that criminal case was finalised						
Outcome/judgement						
I. REFERENCE						
Name of referee	Relationship	Telephone nu hours)	ımber (office	Cell phone	number	Email address
J. DECLARATION						
I hereby declare that all the informative and correct. I understand t	hat any misrepresenta					
termination of my employment of Signature	ontract, if appointed.			Date		
				i		