

Harry Gwala Street, Modimolle, 0510

Private Bag x 1018, Modimolle, 0510

Tel: (014) 718 3300

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APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist Waterberg District 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 Waterberg District Municipality 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 Waterberg District 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					
ID or Passport Number					
Race	African	Coloured	Indian	White	
Gender	Male				
Do you have a disability? Yes				No	
If yes, elaborate					
Are a South African citizen? Yes 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 or acting No					
capacity? If yes, provide information below.					
Political Party:	Position: Expiry date:				
Do you hold a professional membership with any professional body? If yes, provide information					
below					
Yes			1		
Professional Body:	Membership Number: Expiry date:				
C. CONTACT DETAILS					

Preferred language for									
correspondence?									
Telephone number during									
office hours									
Preferred method for									
correspondence (Mark with	Post		E-ma	ail			Fax		
an X)									
Correspondence contact							l .		
details (in terms of above)									
D. QUALIFICATIONS (Addition	onal information m	ay be provid	ed or	1 your	CV)				
Name of School / Technical				Year Obtained					
College		Therest Quantication obtained							
Name of Institution	Name of Qualifi	Name of Qualification		NQF Level		Year Obtained			
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E. WORK EXPERIENCE (Addi	tional information	may be prov	ided	on you	ır CV)				
Employer (starting with the	Position	From			То		R	eason for leaving	
most recent)		MM	MM YY		MM	YY			
-									
If you were previously employ	ed in Local Govern	ment, indicat	te	Yes			No		
whether any condition exists t									
If yes, provide the name of		• •		l		ı			
the previous employing									
municipality:									
F. DISCIPLINARY RECORD									
Have you been dismissed for misconduct on or after 5 July 2011?			Yes				No		
If yes, Name of Municipality /	Institution:								
Type of a Misconduct / Transg	ression								
Date of Resignation / Disciplina	ary case finalized								
Award / Sanction									
Did you resign from your job on or after 5 July 2011 pending			Yes	Yes 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 corruption		/ 2011? If yes	5,						
provide details on a separate s	sheet.								
If yes, type of criminal act									
Date criminal case finalized									
Outcome / Judgment		<u> </u>							
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H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email

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.				
Signature:	Date:			