67 Church Street, EmaXesibeni, 4735 Tel: +27 (0)39 254 6000

Fax: +27 (0) 39 255 0167 Web : www.umzimvubu.gov.za



Dabula Street, Sophia, KwaBhaca P/ Bag 9020, KwaBhaca, 5090 Tel: +27 (0)39 255 8500

Fax: +27 (0) 39 255 0167

APPLICATION FOR EMPLOYMENT FORM

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. The 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.
- 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).

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

Advertised post applying for										
Notice No										
Name of the Municipality										
Notice service period										
PERSONAL DETAILS										
Surname										
First Names										
ID or Passport Number										
Gender	Male			Female						
Race	African		White	•	Indian					
Do you have a disability?	Yes	No	If yes,	elaborate						
Are you a South African Citizen?	Yes	No	If not, v	what is your Natio	onality?					
			Do you	ı have a valid woı	rk Permit?	Yes		No		
Do you hold a professional membership with any professional body?	Yes	No	Name	of professional bo	Membership Number:		Expiry da	ate:		
Do you have a Driver's License?	Yes	No	Code:			Expiry da	ate:			



CONTACT DETAI	LS										
Telephone number during office hours			(()							
Mobile phone num	ber										
Postal Address			I								
						Code:					
Email Address											
Preferred language	e of communication										
LANGUAGE	ANGUAGE READ W		SP	PEAK							
OUALIFICATIONS	6 (please elaborate	on your CV)									
Highest Education	al qualification obtain	ned									
Name of School	Name of School Highest Grade:		rade:		Ye	r Obtained:					
Highest Tertiary qu	ualification obtained										
		Name Of qualificatio	on	NQF	level	Year obtained					
WORK EXPERIENCE (please elaborate on your CV)											
Employer	Post held	FROM		TO		Reason for leaving					
(starting with the most recent)	1 ost neid										
most rosomy		Month `	Year	Month	Year	ar					



DISCIPLINARY R	ECORD											
Have you been dismissed for misconduct during the past ten (10) years?			Yes			No						
If yes, Name of Municipality / Employer												
Type of a Miscond	duct/ Transgression											
Date of Resignation/ Disciplinary case finalised/ Dismissal												
Award/ Sanction												
Have you ever been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?			Yes			No						
			1		ı				1			
CRIMINAL RECO	PRD											
Have you ever been convicted of any criminal offence in a court of law during the past ten (10) years?					Yes				No			
If yes, type of crim	ninal act											
Date of criminal case finalised												
Outcome / Judgement												
May we conduct an ITC and Criminal Check					Yes				No			
DECEDENCES (n	lease elaborate on	vour CV/						'			•	
							1 –					
Name of Referee	Relationship	Tel (offic			ll-phone mber		Email					
DECLERATION												
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 misinterpretation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.												
Signature: Date												