

Address:- 12 Maclean Street/Private Bag X4002, Stutterheim, 4930

Telephone Number: 043 683 5024 Fax: 043 683 1127

Website: www.amahlathi.gov.za

## APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

## **TERMS AND CONDITION**

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised position.
- 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.
- 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 municipalities 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 (if any)						
Name of Municipality						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Names						
ID or Passport Number						
Race	African Coloured Indian White					
Gender	Female Male					
Do you have disability?	Yes No					
If yes elaborate						
Are you a South African	Yes No					
citizen?						

If no, what is your N	lationality					
Work Permit numbe	er (if anv)					
Do you hold any po		a politic	cal party, wheth	er in a peri	manent,	
temporary or acting		•	• •	•	•	
Political Party: Positio			-			
Do you hold a profe	ssional memb	ership v	vith any profess	sional body	? If yes,	
provide information	n below					
Professional Body:		Memb	ership Number	Expiry date:		
C CONTACT DETAIL	<u> </u>					
C. CONTACT DETAIL		donco				
Preferred language						
Telephone number			Doct	E mail		Fav
Preferred method f (Mark with X	or correspond	ierice	Post	E-mail		Fax
_	Correspondence contact details (in					
terms of above)	intact details (					
terris or above;						
D. QUALIFICATIONS	(Additional i	informat	tion may be pro	vided on y	our CV)	
Name of school / Technical College		Highest Qualification Obtained			Year Obtained	
E. WORK EXPERIEN	CE (Additiona	l inform	ation may be p	rovided on	your CV)	
Employer(starting	Position		From	То		Reason for leaving
with the most						
recent)						
If you were previou	ly employed	in Local	Government	Yes		No
indicate whether ar						INO
employment:	ly condition c	X13t3 t11a	t prevents your			
employment.						
If yes, provide the				l l		
name of the						
previous						
employing						
municipality						

F. DISCIPLINARY RI	ECORDS				
Have you been dismissed for misconduct on or before 05				Yes	No
July 2011?					
If yes, Name of Mu	nicipality / Institutio	n			
Type of a Miscondu	uct / Transgression				
Date of Resignation / Disciplinary case finalised					
Award / Sanction					
•	n your job on or befo	•			
pending finalization	n of the disciplinary	proceedings	, If yes,		
provide details on a separate sheet					
G. CRIMINAL RECO				1	
_	d of a criminal offen	_			
	or corruption on or a	•	2011? It		
	s on a separate shee	t			
If yes, type of crimi					
Date criminal case finalized					
Outcome / Judgment					
H. REFERENCE					
Name of Referee	Relationship	Tel(Office	e hours)	Cell Number	Email
	'	,	,		
I.DECLARATION					
I hereby declare th	at all the information	n provided i	n this appl	ication and any at	tachments in support
thereof is to the be	est of my knowledge	true and co	rrect. I und	derstand that any	misrepresentation or
				•	on of my employment
contract, if appoint	•	,	•		, , ,
Signature:				Date:	