**THABO MOFUTSANYANA DISTRICT MUNICIPALITY**

**APPLICATION FORM FOR EMPLOYMENT**

**TERMS AND CONDITIONS**:

1. The purpose of this form is to assist the 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 municipalities to expedite recruitment and selection processes.
4. All information received will be treated with strict 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 the municipality with the recruitment, selection, and appointment of the employees.

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| **A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)**  |
| Advertised post applying for  |   |
| Reference number  |   |
| Name of Municipality  |   |
| Notice service period  |   |

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| **B. PERSONAL DETAILS**  |  |  |  |
| Surname  |   |  |  |  |
| First Names  |   |  |  |  |
| I.D. or passport Number  |   |  |  |  |
| Residential address  |   |  |  |  |
| 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  |   |  |

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| If no, what is your Nationality  |   |
| Work Permit Number (if any):  |   |
| Do you hold a professional membership with any Professional Body:? | Y | N | Name of professional body | Membership No. | Expiry date |

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| **C. CONTACT DETAILS**  |  |  |  |
| Preferred language for correspondence?  | English  |  |  |
| Telephone number during office hours  |   |  | Cell no.  |
| Preferred method for correspondence (mark with an X)  |  Post  |  E-mail  |  Fax  |    |
| Correspondence contact details (in terms of above)  |    |  |  |

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| **D. QUALIFICATIONS (Additional information may be provided on your CV)**  |
| Name of School/Technical College  | Highest Qualification Obtained  | Year obtained  |
|   |   |   |
|   |   |   |
| Name of Institution  | Name of Qualification  | NQF Level  | Year obtained  |
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| **E. WORK EXPERIENCE (Additional information may be provided on your CV)**   |
| Employer (starting with the most recent)  | Position  | FROM  | TO  | Reason for leaving  |
| MM  | YY  | MM  | YY  |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| 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 previous employing municipality:  |   |

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| **F. DISCIPLINARY RECORD**  |  |  |
| Have you been dismissed for misconduct during the past ten (10) years? |  Yes  |  No  |
| If yes, Name of Municipality/ Employer:  |   |  |
| Type of a Misconduct/Transgression  |   |  |
| Date of Resignation/Disciplinary case finalized  |   |  |
| Award sanction  |   |  |
| Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings? |  Yes  |  No  |

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| **G. CRIMINAL RECORD**  |  |  |
| Have you been convicted of any criminal offence in a court of law during the past ten (10) years? |  Yes  |  No  |
| If yes, type of criminal act  |   |  |  |
| Date criminal case finalised  |   |  |  |
| Outcome/Judgement  |   |  |  |

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| **H. REFERENCE ( Please elaborate on your cv)** |  |  |  |
| Name of Referee  | Relationship  | Tel (office hours)  | Cell phone No.  | E-mail  |
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| **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:  |