

P. O. Box 20, Zastron, 9950

Tel: 051 673 9600

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E-mail info@mohokare.gov.za

www.mohokare.gov.za

APPLICATION FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a 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 maybe 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 municipality with recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal System Act*, 2000(Act No. 32 of 2000).

A. DETAILS OF THE ADVERTISED POS	T (as reflected in	the adv	rert)			
Advertised post applying for						
Reference number						
Name of Municipality						
Notice service period						
	·					
B. PERSONAL DETAILS						
Surname						
First Names						
ID or Passport Number						
Race	African	Colour	red	Indian		White
Gender				Female		Male
Do you have 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 any political office in a political party, provide information below.	whether in a permanent, temporary or acting capacity? If yes No					
Political Party:	Membership Number: Expiry date:					
Do you hold a professional membership with any Yes	professional body? If yes provide information below No					
Professional Body:	Membership Number:				Expiry date:	
C. CONTACT DETAILS						
Preferred language for correspondence?						
Telephone number during office hours						
Preferred method for correspondence (mark with an X)	Post		E-mail		Fax	
Correspondence contact details(in terms of above)						



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www.mohokare.gov.za D. QUALIFICATIONS (Additional information may be provided on your CV) Name of School/Technical College **Highest Qualification Obtained** Year Obtained Name of Qualification NQF Level Name of Institution Year obtained WORK EXPERIENCE (Additional information may be provided on your CV) From Reason for leaving Employer(stating with the most Position То recent MM ΥY MM ΥY If you were previously employed in Local Government, indicate whether any condition Yes NO exists that prevents your re-employment: If yes, provide the name of the previous employing municipality: F. DISCIPLINARY RECORD Have you been dismissed for misconduct previously? Yes NO If yes, Name of Municipality/Institution: Type of a Misconduct/Transgression Date of Resignation/ Disciplinary case finalised Award/Sanction Did you resign from your job previously pending finalization of the disciplinary Yes No proceedings? If yes, provide details on a separate sheet. G. CRIMINAL RECORD Were you convicted of a criminal offence involving financial misconduct, fraud or corruption? Yes No If yes, type of criminal act Date criminal case finalised Outcome/Judgment H. REFERENCE Name of Referee Relationship Tel(office hours) Cellphone number **Email DECLARATION** I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my

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 disqualification or termination of my employment contract, of appointed.

Signature:	Date: