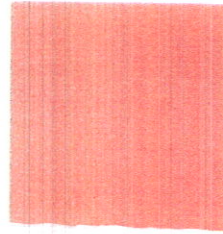




MOHOKARE
LOCAL MUNICIPALITY



P. O. Box 20, Zastron, 9950
Tel: 051 673 9600
Fax: 051 673 1550
E-mail: info@mohokare.gov.za
www.mohokare.gov.za

ANNEXURE C

APPLICATION FORM 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 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 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			Female	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 capacity? If yes, provide information below.				No
Political Party:	Position:	Expiry date:		
Do you hold a professional membership with any professional body? If yes, provide information below				No
Yes				
Professional Body:	Membership Number:	Expiry date:		

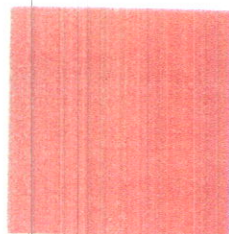
C. CONTACT DETAILS

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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Approved by:	Municipal Manager		Document Number:	
Issue Date:	02 May 2014		Revision Number	01/2014
Review date	1 June 2018		Copy:	Controlled Copy



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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

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	
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:						

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/ Transgression		
Date of Resignation/ Disciplinary case finalised		
Award/ sanction		
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.	Yes	No

G. CRIMINAL RECORD		
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet.	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

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:

Issued by:	Management Representative		Document Name:	LETTER HEAD
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