



## EPHRAIM MOGALE LOCAL MUNICIPALITY

### APPLICATION FOR EMPLOYMENT FORM: SENIOR MANAGERS

#### 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 Department	
Notice service period	

#### B. PERSONAL DETAILS

Surname								
First Names								
ID or Passport Number								
Race	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
Gender	Female		<input type="checkbox"/>	Male		<input type="checkbox"/>		
Do you have a disability?	Yes		<input type="checkbox"/>	No		<input type="checkbox"/>		
If Yes, elaborate								
Are a South African Citizen?	Yes		<input type="checkbox"/>	No		<input type="checkbox"/>		
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	<input type="checkbox"/>
							Yes	<input type="checkbox"/>
Political Party:	Position:		Expiry Date:					
Do you hold a membership with any professional body? If Yes, provide information below							No	<input type="checkbox"/>
							Yes	<input type="checkbox"/>
Professional Body:	Membership Number:		Expiry Date:					
1.								
2.								
3.								
4.								
5.								

**C. CONTACT DETAILS**

Preferred language for correspondence			
Telephone number during office hours			
Preferred method for correspondence (Mark with an X)	Post <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>
Correspondence contact details (in terms of above)			

**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

**E. WORK EXPERIENCE (additional information may be provided on your CV)**

Employer	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 / Judgement \_\_\_\_\_

**H. REFERENCE**

Name of Referee	Relationship	Tel (Office hours)	Cellphone Number	E-mail

**I. DECLARATION**

*I hereby declare that all the information provided in this application and any attachment 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: \_\_\_\_\_