

EPHRAIM MOGALE LOCAL MUNICIPALITY APPLICATION FOR NONE 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 strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.

A. DETAILS OF TH	HE ADVERTISED	POST (as reflected	in the advert)							
Post applying for			Reference	ce No.						
Name of Department			<u> </u>							
Notice service period										
B. PERSONAL DE	TAILS									
Surname										
First Names										
ID or Passport Numbe	r									
Race	African	Coloured	Indian	White	Other					
Gender	Female	Male		Other						
Disability (if yes,	Yes	No		7						
elaborate										
South African Citizen	Yes	No If	no, state national	ity:						
Work Permit Number										
Do you hold a membe			Yes		No					
body? If yes, provide in Professional Body:	nformation belo		mbarshin Numba	<u> </u>	Note:					
1.		IVIE	embership Number	•	Expiry Date:					
1.										
2.										
C. CONTACT DET	AILS									
		e English	Afrikaans	Other:						
Preferred language for correspondence English Telephone number during office hours										
Preferred method for correspondence Post En					Fax	·				
Correspondence conta	act details	·	·							
D. QUALIFICATIO	NS (additional i	nformation may b	e provided on you	ır CV)						
Name of Highest Qualification Obtained School/Technical/College				Year obtained						
					No Expiry Date:					

Name of Institu	ution	Name of Qualification					NQF Level					
E. WORK EXPE	DIENCE (ad	ditions	linform	ation may	ho pro	uid od	lony	0.1.r.C	./\			
Employer		Position		mation may be provided on y From which date			To which date			Reason for le	aving	
Employer	ļ	. 00		Month	Year		Month		Year		Treason for leave	
				IVIOITEII	1001		1011011		rear			
If you were previous					dicate v	vheth	ier	Yes			No	
any condition exists			<u> </u>									
If Yes , provide the n		•	us emplo	ying munic	ipality:							
F. DISCIPLINAL										1-		
Have you been dism			Yes				No.					
If Ye s, Name of Mur			on									
Type of a Miscondu	ct / Transgr	ession										
Date of Resignation	/ Disciplina	ry case	finalised									
Award / Sanction												
G. CRIMINAL R	RECORD											
Were you convicted	•			_		scond	duct,	Yes			No	
fraud or corruption?	If Yes, prov	vide de	tails on a	separate s	sheet.							
If yes, type of crimin												
Date criminal case f	inalised											
Outcome / Judgeme	ent											
H. REFERENCE												
Name of Referee Relation		nship Tel /Cell numb			er E-ma							
I. DECLARATIO	ON											
I hereby declare tha	-										• •	-
the best of my know	_					•				-	ailure to disclo	se any
information may led	id to my dis	qualific	ation or	terminatio	n of my	emp	loym	ent, if	appoint	ted.		
Signature:				Da	ite:							