



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 THE ADVERTISED POST (as reflected in the advert)

Post applying for	
Reference Number	
Name of Municipality	
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"/> Other <input type="checkbox"/>
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		
Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, elaborate			
South African Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If No, state your Nationality			
Work Permit Number			
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.			

C. CONTACT DETAILS

Preferred language for correspondence			
Telephone number during office hours			
Preferred method for correspondence	Post <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>
Correspondence contact details			

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
		M M	YY _____ _____	M M	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		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes , Name of Municipality / Institution					
Type of a Misconduct / Transgression					
Date of Resignation / Disciplinary case finalised					
Award / Sanction					

G. CRIMINAL RECORD			
Were you convicted of any criminal offence involving financial misconduct, fraud or corruption? 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 /Cell number	E-mail

I. DECLARATION		
<i>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, if appointed.</i>		
<table border="1"><tr><td>Signature:</td><td>Date:</td></tr></table>	Signature:	Date:
Signature:	Date:	