

Cape St Francis Hankey Humansdorp Jeffreys Bay Loerie Oyster Bay Patensie St Francis Bay Thornhill

Postal: PO Box 21, Jeffreys Bay, 6330 Tel: 042 200 2200 / 042 200 8300 Fax: 042 200 8606 Email: registry@kouga.gov.za Website: www.kouga.gov.za

APPLICATION FOR EMPLOYMENT:

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised position.
- 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 other additional information may be provided on the CV.
- 3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist the municipality 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 as in line with the POPI Act.
- 5. This form is designed to assist the 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), as well as any other employees in terms of section 55 (1)(e) of the local Government: Municipal Systems Act, 2000 (Act no 32 of 2000).

A. DETAILS OF ADVERTISED POST				
Advertised post applied for				
Reference number				
Notice service period				
Do you have the required Qualification for the position		e position	Yes	No
B. PERSONAL DETAILS				
Surname	1			
First Names				
Do you have drivers license	Yes		No	
If yes, what code?				
ID or Passport Number				
Race (Mark with X)	African	Coloured	Indian	White
Gender (Mark with X)	Female		Male	
Do you have a disability? (Mark	Yes		No	
with X)				
If yes elaborate				
Are you a South African citizen?				
(Mark with X)				
If no, what is your Nationality?				
Work permit number if	- 9C			
applicable				
Do you hold a professional	Yes		No	
membership with any				
professional body? If yes provide				
information below.				
Professional Body:	Membership No.		Expiry date:	



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C. CONTACT DETAILS								
Preferred language for								
correspondence								
Telephone number during c	office							
hours				1				
Preferred method for		Post	ost E-M		-Mail		Fax	
correspondence (Mark with X)								
Correspondence details in terms								
of the above								
D. QUALIFICATIONS (Additio				e pro	vided ir	n your	CV)	
Is your experience relevant				Yes		No		
How many years relevant e	1.			÷Ś				
Name of School/	-		alification		Year	Year obtained		
Technical College	obta	ined						
Name of Tertiary Institution	Qual	iticatio	on obtaine	d	NQF L	.evel	Year	
		-					Obtained	
E WORK EXPERIENCE (Addit	ion or Lin	forme	ntion no on ()			inve		
E. WORK EXPERIENCE (Addit				se pr				
Employer	reno	Period of service			Reason for leaving			
If you were previously employed in Local Government, Yes No						No		
indicate whether any cond					103			
your re-employment. (Mark				5				
If Yes, provide the name of		/						
previous Municipality								
F. DISCIPLINARY RECORD			7					
Have you been dismissed fo	or misco	onduc	t (Mark wi	th X)	Yes		No	
If Yes, Name of Municipality					1			
Details of Misconduct/Trans			_					
Date of Termination/Finalizo	tion of	1						
Disciplinary Case								
Award/Sanction								
Did you resign from your em	ploym	ent p	ending		Yes		No	
finalization of disciplinary proceedings? (Mark with X) If								
yes, provide details on a sep	carate	sheet						
G. CRIMINAL RECORD								



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'	ere you convicted of a criminal offence involving ancial misconduct, fraud or corruption. If yes,					Yes	No
provide details on a separate sheet.							
If yes, type of criminal act							
Date crime case finalised							
Outcome/Judgement							
H. REFERENCES							
Name of	Relationship		Tel (Offic	ce	Cell phone		E-Mail
referee			hours)		numbe	ər	
I. DECLARATION							
I, herewith declare that I consent to share my personal information with Kouga Local Municipality as in compliance with the POPI Act, and that all the information provided in this application form 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.							
Sianature:				Date:			