

Matatiele

P.O. Box 35,

Matatiele, 4730

**Tel:** 039 737 3135

Fax: 039 737 3611

## APPLICATION FOR EMPLOYMENT FORM

**CSD-19** 

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. The 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 shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act NO.32 of 2000).

<b>DETAILS OF THE</b>	ADVE	RTISED	POST (as reflected	d in the adv	ert)		
Advertised post							
applying for							
Reference number							
Name of the							
Municipality							
Notice service							
period							
PERSONAL DETA	ILS						
Surname							
First Names							
ID or Passport							
Number							
Gender	Male		Female	1			
Race	African		White	Coloured		Indian	
Do you have a	Yes	No	If yes, elaborate				
disability?							
Are you a South	Yes	No	If not, what is your				
African Citizen?			Nationality?				
			Do you have a valid work		Yes		No
			Permit?				
Do you hold a	Yes No Name of professional body		onal body:			Expiry date:	
professional					Numbe	er:	
membership with							



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any professiona body?	ıl									
CONTACT DI	ETAILS									
Telephone num	ber during	office hours	S	( )	)					
Mobile phone n	umber									
Postal Address										
					Code:					
Email Address						I.				
Preferred langu	age of com	munication								
LANGUAGE READ		WR	WRITE SI		SPEAK		PROFICIENCY			
		·		·						
QUALIFICAT	TONS (ple	ase elabora	ate on you	ır CV)						
Highest Educat	ional qualif	ication obta	nined							
Name of School		H	Highest Grade:			Year Obtained:				
Highest Tertiary	y qualificati	ion obtained	d							
Name of Institution			Name Of qualification		NQF level		Year obtained			



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Employer (starting with the most recent)	Post held	FRO	FROM		TO		Reason for leaving	
		Month	Year	Month	Year			
		I		. <b>L</b>				
DISCIPLINAL	RY RECORD							
Have you been dismissed for misconduct during the past ten (10) years?			Yes		No			
If yes, Name of Municipality / Employer								
Type of a Misconduct/ Transgression								
Date of Resignationalised/ Dism	ation/ Disciplina issal	ary case						
Award/ Sanctio	on							
Have you ever been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?			Yes		No			
CRIMINAL R	FCORD			1				
		of any crimin	nal offen	ce Yes			No	
Have you ever been convicted of any crimin in a court of law during the past ten (10) ye							110	
If yes, type of c					1			
				1				



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Outcome / J	udgement							
May we con	duct an ITC and Cri	iminal Check	Yes		No			
			<u> </u>		1			
REFEREN	CES (please elabor	rate on your CV	)					
Name of Referee	Relationship	Tel (office hours)	Cell-phone Number	Emai	Email			
DECLERA	TION							
thereof is to	clare that all the info the best of my know sclose any informati appointed.	wledge true and c	orrect. I understan	d that any	misinterpretation	on or		
Signature:		Date	ite:					