

Mnquma Local Municipality • Corner King and Mthatha Street • Butterworth • 4960 Postal Address: • PO Box 36 • Butterworth • 4960 Tel: (047) 401 2400 • Fax: (047) 491 0195 • www. mnquma.gov.za

## **APPLICATION FORM FOR EMPLOYMENT**

## TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised post.
- This form must be completed in full, accurately and legible. All substantial 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 application form is designed to assist Mnquma municipality with the recruitment, selection and appointment of staff members 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 Municipality	
Notice service period	

B. PERSONAL DETA	ILS				
Surname					
First names					
ID or Passport Number					
Race	African	Coloured	Indian	White	
Gender			Female	Male	
Do you have a disability? Yes No					
If yes , elaborate			·	·	

Are you a South African Citizen? Yes				No	
If no, what is your Nationality?					
Work Permit Number (if any):					
Do you hold any political office in	a political party, whe	ether in a per	manent,	Yes	No
temporary or acting capacity? If yes, p	provide information be	low:			
Political Party: Position: Expiry date:					
Do you hold a professional membership with any professional body? If yes, provide					No
information below					
Professional Body: Membership Number Expiry date:					

C. CONTACT DE	TAILS		
Preferred language of			
correspondence			
Telephone number			
during office hours			
Preferred method for	Post	Email	Fax
correspondence			
(Mark with an X)			
Correspondence			
contact details (in			
terms of above)			

D. QUALIFICATIONS (Additional information may be provided on CV)						
Name	of	School/	Highest Qualification Obtained	Year Obtained		
Technical College						
Name of	Instituti	ion	Name of Qualification	NQF of Qualification	Year	
					Obtained	

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E. WORK EXPIRI	ENCE (Additional inf	ormatio	n may b	pe prov	ided on your	CV)	
Employer (starting	Position	From		То		Reason	for
with the most recent)						leaving	
		MM	YY	MM	YY		
If you previously employed in Local Government, indicate				Yes		No	
whether any conditio	n exists that preve	ents you	ur re-				
employment:							
If yes, provide the name of the previous employing municipality				y:		•	

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 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		
separate sheet.		

G. CRIMINAL RECORD		
Were you convicted of a criminal offence involving financial	Yes	No
misconduct, fraud or corruption on or after 5 July 2011? If yes,		
provide details on a separate sheet.		
If yes, type of criminal act		
Date criminal case finalised		

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Outcome/Judgment					
Outcome/Judgment					
H. REFERENCE					
Name of Referee	Relationship	Tel (office hours)	Cell	phone	Email
			Number		

## I, DECLARATION

I hereby declare that all the information provided in this application 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 contract, if appointed.

Signature:

Date:



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