



MADIBENG LOCAL MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT

1. The purpose of this form is to assist the 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. 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 that 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)
- DETAILS OF THE ADVERTISED POST (as reflected in the advert)**

DETAILS OF ADVERTISED POST (as reflected in the advert)

| | |
|------------------------------|--|
| Advertised post applying for | |
| Notice of service period | |

PERSONAL DETAILS

| | | | | | | | | | | | | |
|---|----------------|--|--|--------------------------|--|--|---------------|--|--|--------------------|-----------|--|
| 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, whether in a permanent, temporary or acting capacity? If yes, provide information below. | | | | | | | Yes | | | | No | |
| Professional Body | | | | Membership Number | | | | | | Expiry Date | | |

CONTACT DETAIL

| | |
|--------------------------------------|--------|
| Telephone number during office hours | () |
| Mobile phone number | () |
| Postal address | |
| | |
| | Code: |
| Email address | |
| Preferred language of communication | |

QUALIFICATIONS (Additional information may be provided on your CV)

| | | | |
|--|---------------------------------------|----------------------|----------------------|
| Highest educational qualification obtained | | | |
| Name of School/Technical College | Highest Qualification Obtained | Year Obtained | |
| | | | |
| Highest tertiary qualification obtained | | | |
| Name of Institution | Name of Qualification | NQF Level | Year Obtained |
| | | | |
| | | | |

WORK EXPERIENCE (Additional information may be provided on your CV)

| Employer (starting with the most recent) | Position | From | | To | | Reason for leaving |
|---|-----------------|-------------|----|-----------|----|---------------------------|
| | | MM | YY | MM | YY | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DISCIPLINARY RECORD

| | | | | |
|---|------------|--|-----------|--|
| Have you been dismissed for misconduct during the past ten (10) years? | Yes | | No | |
| If yes, Name of Municipality / Institution | | | | |
| Type of Misconduct / Transgression | | | | |
| Date of Resignation / Disciplinary case finalized | | | | |
| Award/Sanction | | | | |
| Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet. | Yes | | No | |

CRIMINAL RECORD

| | | | | |
|---|------------|--|-----------|--|
| Have you been convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet. | Yes | | No | |
| If yes, type of criminal act | | | | |
| Date criminal case finalized | | | | |
| Outcome/Judgement | | | | |

REFERENCE (please elaborate on your cv)

| Name of Reference | Relationship | Tel (office hours) | Cellphone Number | E-mail |
|--------------------------|---------------------|---------------------------|-------------------------|---------------|
| | | | | |
| | | | | |

DECLARATION

I 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 employment contract, if appointed.

Signature:

Date: