



P. O. Box 20, Zastron, 9950

Tel: 051 673 9600

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E-mail info@mohokare.gov.za

www.mohokare.gov.za

ANNEXURE C

APPLICATION FOR EMPLOYMENT

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 maybe 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 form is designed to assist municipality with recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal System Act*, 2000(Act No. 32 of 2000).

A. DETAILS OF THE ADVERTISED POS	T (as reflected in	the adv	vert)				
Advertised post applying for							
Reference number							
Name of Municipality							
Notice service period							
B. PERSONAL DETAILS							
Surname							
First Names							
ID or Passport Number							
Race	African	Colou	red	Indian		White	
Gender				Fema	ale	Male	
Do you have 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, provide information below.	whether in a perm	anent, te	emporary or acti	ng cap	acity? If yes	No	
Political Party:	•	Membership Number: Expiry					
Do you hold a professional membership with any Yes	professional body?	If yes p	rovide informati	on belo	W	No	
Professional Body:	Membership Nu	Membership Number:			Expiry date:		
	•			I			
C. CONTACT DETAILS							
Preferred language for correspondence?							
Telephone number during office hours							
Preferred method for correspondence (mark with an X)	Post		E-mail		Fax		
Correspondence contact details(in terms of above)	_						





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D. QUALIFICATIONS(Addition	al informati	ion may be	provided on	your CV)							
Name of School/Technical College)				Y	Year Obtained					
Name of Institution		Name of Qualifica		tion		NQF Level		Year obtained			
E. WORK EXPERIENCE(Additional information may be provided on your CV)											
Employer(stating with the most							То	Reason for leaving			
recent			MM YY			MM YY					
If you were previously employed in Local Government, indicate whether any condition							•	NO			
exists that prevents your re-emplo	yment:										
If yes, provide the name of the											
previous employing municipality:											
F. DISCIPLINARY RECORD											
Have you been dismissed for misconduct on or after 5 July 2011?						Y	'es	NO			
If yes, Name of Municipality/Institution:											
Type of a Misconduct/Transgression											
Date of Resignation/ Disciplinary case finalised											
Award/Sanction											
	after 5 July	/ 2011 nen	nding finalizati	on of the dis	sciplinary	Y	'es	No			
Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary Yes No proceedings? If yes, provide details on a separate sheet.											
G. CRIMINAL RECORD	•										
Were you convicted of a criminal of	ffanaa inya	luina finan	aial miaaand	ist fraud ar	aarruntian an	. or V	' 00	No			
after 5 July 2011? If yes provide d				ici, iraud or	corruption on	101 1	es	No			
If yes, type of criminal act	ctalls off a t	scparate 3	noot.								
Date criminal case finalised											
Outcome/Judgment											
H. REFERENCE											
Name of Referee	Relations	hip	Tel(office h	ours)	Cellphone	hone number		Email			
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 disqualification or termination of my employment contract, of appointed.											
Signature:				Date:							