## **MASILONYANA LOCAL MUNICIPALITY**



47 Le Roux street,Theunissen, 0480 P.O.Box 8, Theunissen, 9410 Tel: +27 57 733 0106 Fax: +27 57 733 2217

## APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGER'S POSTS

## TERMS AND CONDITIONS

- 1. The purpose of this form is to assist Masilonyana Local 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 may be requested to furnish additional information that will assist Masilonyana Local Municipality 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 Masilonyana Local 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).

A. DETAILS OF THE ADVERTISED POST(as reflected in the advert)				
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service period				
<b>B. PERSONAL DETAILS</b>				
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 a South African citizen?				Yes		
If no, what is your						
Nationality?						
Work Permit Number (if any):						
Do you hold any political office		n a permanent, te	emporary or	acting	No	
capacity? If yes, provide information						
Political Party:	Position:			Expiry date:		
Do you hold a professional men	hbership with any professiona	al body? If yes, pi	rovide inforn	nation		
below					No	
Yes						
Professional Body:	Membership Number:		Expiry dat	e:		
C. CONTACT DETAILS						
Preferred language for						
correspondence?						
Telephone number during						
office hours						
Preferred method for						
correspondence (Mark with	Post	E-mail		Fax		
an X)						
Correspondence contact						
details (in terms of above)						
D. QUALIFICATIONS(Addition						
Name of School / Technical	Highest Qualification Obtain	ned Year Obta	ained			
College						
Name of Institution	Name of Qualification	NQF Leve	el	Ye	ear Obtained	

E. WORK EXPERIENCE(Additional information may be provided on your CV)						
Employer (starting with the	Position	From		То		Reason for leaving
most recent)		MM	YY	MM	YY	
If you were previously employed in Local Government, indicate Yes No						
whether any condition exists that prevents your re-employment:						
If yes, provide the name of						
the previous employing						
municipality:						

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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 a 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	

G. CRIMINAL RECORD				
Were you convicted of a criminal offe misconduct, fraud or corruption on of provide details on a separate sheet.	Yes	No		
If yes, type of criminal act		-		
Date criminal case finalized				
Outcome / Judgment				

H. REFERENCE					
Name of Referee	Relationship	Tel (office hours)	Cellphone 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 my disqualification or termination of my employment contract, if appointed.				
Signature:	Date:			
Signature:	Date:			