

## **CAPRICORN**

## **DISTRICT MUNICIPALITY**

## **APPLICATION FORM FOR EMPLOYMENT**

41 Biccard Street, PO Box 4100, POLOKWANE, 0700. Tel: 015 294 1000, Fax: 015 291 4297

## **Terms and Conditions**

- 1. The purpose of this is to assist the municipality in selecting suitable candidate for an advertised post
- 2. This form must be completed in full, accurately and eligibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided in the CV
- 3. Candidate shortlisted for interview may be requested to furnish additional information that will assist 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 than to assess the suitability of the applicant.
- 5. This form is designed to assist the 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. DETAIL OF THE ADVERTISED POST ( as reflected in the advert)							
Advertised post applying for							
Reference number							
Name of the municipality							
Notice services Period							
B. 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?			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 No							
or acting capacity? If yes, provide information below							
Political Party:	Position:		Expiry date:				



Do you hold a professional men information below	mbership	with any profess	sional bod	y? If yes,	prov	/ide		No		
	Manhankin Niverkan									
Professional Body:	Membership Number:			Expiry date:						
0.000174.07.057411.0										
C. CONTACT DETAILS	T									
Preferred language for										
correspondence										
Telephone number during										
office hours  Preferred method for	Doot		F:							
	Post		E-mail		Fax					
correspondence										
D. QUALIFICATIONS(ADDITIONS)					ON					
Name of school/Technical colle	ge	Highest qualific	lification obtained Year			r obtained				
Name of institution		Name of qualif	fication			NQF level			Year obtained	
E. WORK EXPERIENCE (ADD				PROVID			DUR CV)			
Employer (starting with the mos	Position From		Land	To			Re	ason for leaving		
recent)			MM	YY	MI	MM YY				
If	-1:- 1	l		41	\ \/-			NI-		
If you were previously employed in local government, inc			licate whe	etner any	Yes			No		
condition exists that prevents your lf yes, provide the name of the	ou irom	re-employment								
previous employing municipality										
Correspondence contact details										
terms of above)	5 (111									
terms of above)										
F. DISCIPLINARY RECORD										
	niscondu	ct on or after 5	Yes				No			
Have you been dismissed for misconduct on or after 5 July 2011 ?										
If yes, Name of Municipality/Institution:										
, , , , , , , , , , , , , , , , , , , ,										
Type of a Misconduct/Transgression										
Date of Resignation/Disciplinar	y case fi	nalized								
<u> </u>										

Award/Sanction									
Did you resign from your job on or after 5 July 2011					No				
pending finalization	of the disciplinary pr	oceedings? If							
yes, provide details	yes, provide details on a separate sheet.								
G. CRIMINAL RECORD									
Were you convicted	Were you convicted of a criminal offence involving  Yes  No								
financial misconduct	, fraud or corruption	on or before 5							
July 2011? If yes, provide details on a separate sheet.									
If yes, type of crimin	al act								
Date criminal case fi	inalized								
Outopro / ludros pro									
Outcome/Judgment									
H. REFERENCE									
Name of referee	Relationship	Tel. (office hours) Cellphone Number Email							
				<u> </u>					
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:									