

LAINGSBURG MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGER IN TERMS OF GOVERNMENT GAZETTE NO. 37245 OF 17 JANUARY 2014

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 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 form is designed to assist 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 ADVER	RTISED POST (as re	eflected in the advert)	
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service 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 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, wheth	ner in a permanent, te	emporary or	No
acting capacity? If yes, provide infor	mation below.	·		
Political Party:	Position:		Expiry date:	
Do you hold a professional member	provide			
information below		No		
Yes				
Professional Body:	Membership Numb	per:	Expiry date:	

C. CONTACT DETA	ILS									
Preferred language for										
correspondence?										
Telephone number during	office									
hours Preferred method for		Doot		ı		-:I			- CV	
correspondence (Mark with an X)		Post		E-mail				Fax		
Correspondence contact details (in										
terms of above)	aotano (m									
D. QUALIFICATIONS (Ad	dditional inf	ormation	may be pr	ovided	on you	ır CV)				
Name of School / Technical		Highest Qualification Obtained			Year Obtained					
College										
NI CL CC		L			NOT !					
Name of Institution		Name (Name of Qualification				NQF Level		Year Obtained	
E. WORK EXPERIENCE	(Additional	informat	ion may be	provic	led on	vour C	V)			
Employer (starting with	1		From		To			Reason for		
the most recent)				1.0					leaving	
				MM	YY	MV	YY			
					1					
						+				
f you were previously employed in Lo		ocal Gov	ernment i	ndicate		Yes	Vac N		No	
whether any condition exi								INO		
If yes, provide the name				- J	-	l .		ı		
of the previous employing	1									
municipality										
F. DISCIPLINARY RECO	RD									
Have you been dismissed	l for missor	nduct on a	or ofter 5	ulv	Ye	•			No	
2011?	1 101 11113001	iddel on t	or arter o o	uly	10	3			140	
If yes, Name of Municipal	ity / Institut	ion:								
Type of a Misconduct / Tr										
Date of Resignation / Disc	ciplinary ca	se finalis	ed							
Award / sanction										
Did you resign from your j					Ye	S	No		No	
finalisation of the disciplin	dings? If	gs? If yes, provide								
details on a separate shee	еι									
G. CRIMINAL RECORD										
Were you convicted of a c	criminal offe	ence invo	lvina	Yes					No	
financial misconduct, frau										
July 2011? If yes, provide	details on	a separa	te sheet							
If yes, type of criminal act										
If yes, type of criminal act Date criminal case finalise										
If yes, type of criminal act Date criminal case finalise										
If yes, type of criminal act Date criminal case finalise Outcome / Judgement										
If yes, type of criminal act Date criminal case finalise Outcome / Judgement H. REFERENCE	ed		Tel (offic	e hour	3)	Cellnh	one Nur	mber	Fmail	
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If yes, type of criminal act Date criminal case finalise Outcome / Judgement H. REFERENCE Name of Referee Re	ed									
If yes, type of criminal act Date criminal case finalise Outcome / Judgement H. REFERENCE Name of Referee Re I. DECLARATION I hereby declare that all the	ed elationship		ded in this	applica	tion an	nd any	attachme	ents in	support thereof is to	
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If yes, type of criminal act Date criminal case finalise Outcome / Judgement H. REFERENCE Name of Referee Re I. DECLARATION I hereby declare that all the	elationship	orrect. I u	ded in this anderstand	applica	tion an	nd any c	attachme	ents in or failui	support thereof is to re to disclose any	