

P. O. BOX 90

**THABAZIMBI** 

0380

Tel: (014) 777 1525

Fax: (014) 777 1531

## THABAZIMBI MUNICIPALITY APPLICATION FORM FOR EMPLOYMENT

## **TERMS AND CONDITIONS**

- 1. The purpose of this form is to assist Thabazimbi 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 Thabazimbi 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 Thabazimbi 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. 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?	African citizen?				Yes			No	
If no, what is your Nationality?								,	
Work Permit Number (if any):									
Do you hold any political office capacity? If yes, provide inform		ether in	a per	mane	nt, temp	orary or	acting	No	
Political Party:	Position:				Ex	Expiry date:			
Do you hold a professional membership with any professional body? If yes, provide information below Yes						No			
Professional Body:	Membership Number:			Ex	Expiry date:				
C. CONTACT DETAILS	C. CONTACT DETAILS								
Preferred language for correspondence? Telephone number during office hours									
Preferred method for correspondence (Mark with an X)	Post E-m			nail Fax					
Correspondence contact details (in terms of above)									
D. QUALIFICATIONS (Addition	nal information may be	provide	ed on	your	CV)				
Name of School / Technical College	Highest Qualification Obtained			Year Obtained					
Name of Institution	Name of Qualification		NQF Level Yea				Year Obtained		
Name of institution	ivaille of Qualification			NQI LEVEI				Teal Obtained	
E. WORK EXPERIENCE (Addition	ional information may	be provi	ided c	on you	ır CV)				
Employer (starting with the most recent)	· · · · =			То		0		Reason for leaving	
		MM	YY		MM	YY			

If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:					Yes No			
If yes, provide the nam the previous employing municipality:	e of	vents your re-	employmer	11.		l		
F. DISCIPLINARY REC	OPD							
Have you been dismiss		uct on or after	5 July 201	1? Y	es		No	
If yes, Name of Municip	pality / Instituti	on:						
Type of a Misconduct /	Transgression							
Date of Resignation / D	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			
				l				
G. CRIMINAL RECOR	D							
Were you 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.			Ye	es		No		
If yes, type of criminal							- 1	
Date criminal case fina	lized							
Outcome / Judgment								
H. REFERENCE								
Name of Referee	Relationship	Tel (	office hour	s)	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:				