

102 Main Street,
Matatiele
P.O. Box 35,
Matatiele, 4730
Tel: 039 737 3135
Fax: 039 737 3611

CSD 06

COMPULSORY EMPLOYMENT APPLICATION FORM FOR SENIOR MANAGERS

TERM AND CONDITIONS

- 1. The purpose of this form is to assist Matatiele 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. Candidate 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 designated 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. DETAILS OF THE ADVERTISE	D POST (as reflected in	n the advert)			
Advertised post applying for						
Reference Number						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Name						
ID or Passport Number			- I - 1:	XX 71		
Race	African	Coloured	Indian	White		
Gender			Female	Male		
Do you have a disability?			Yes	No		
If yes, elaborate						
Are you South African Citizen			Yes	No		
If no, what is your Nationality?						
Work Permit number (if any):						
Do you hold any political office in a po	litical party, whether per	manent, tem	porary or N	No		
acting capacity? If yes, provide informa	ation below					
Political Party:	Position:		Expiry Date:			
Do you hold any professional members	hip with any professiona	l body? If yo	es, provide			
YES		NO				
Professional Body:	Membership Number:		Expiry I	Expiry Date:		
C. CONTACT DETAILS						
Preferred language for correspondence						
Telephone number during working						
hours						
Preferred method for correspondence	Post	E-ma	il	Fax		
(Mark with X)						
D. QUALIFICATIONS (Additional in	formation may be provi	ded on your	CV)			
	Highest Qualification O		Year Obtained			
Name of Institution	Name of Qualifications		NQF Level	Year Obtained		

mnlover (ctarting wit	h the most Desit		rovided on your		
Employer (starting with ecent)	h the most Position	on	FROM MM YY	TO	Reason for
				MM YY	Leaving
If you were previously	employment in Lo	cal Government ind	ionto vehothor	Vac	No
any condition exists the	at prevents your re-	employment	icate whether	Yes	No
If yes, provide the nam	ne of the previous	Chiployment			
employing Municipalit	tv:				
F. DISCIPLINARY F					
Have you been dismiss	sed for misconduct	on or after 5 July		Yes	No
2011?					
If yes, Name of Munic	ipality/Institution:				
Type of a Misconduct/			y .		
Date of Resignation/D	isciplinary case fina	lised			
Award section					
Did you resign from yo	Yes	No			
the disciplinary procee	dings? If yes, provi	de details on a separ	ate sheet.		
G. CRIMINAL RECO	OPD				
Were you convicted of		involuino Caracial		7.7	
misconduct, fraud or co				Yes	No
misconduct, nadd of c		1 3 July 2011? If yes	,		
	narate sheet				
provide details on a seg					
provide details on a seg If yes, type of criminal	act				
provide details on a seg If yes, type of criminal Date criminal case fina	act				
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If yes, type of criminal Date criminal case fina Outcome/Judgement H. REFERENCE Name of Referee	act	Tel (office hour	rs) Cellpho	ne Number	Email
If yes, type of criminal Date criminal case fina Outcome/Judgement H. REFERENCE Name of Referee	Relationship				
If yes, type of criminal Date criminal case fina Outcome/Judgement H. REFERENCE Name of Referee I. DECLARATION Thereby declare that all	Relationship	ovided in this applic	ation and any att	achments in sur	port thereof is to
If yes, type of criminal Date criminal case fina Outcome/Judgement H. REFERENCE Name of Referee I. DECLARATION I hereby declare that all best of my knowledge to the second of the sec	Relationship I the information protrue and correct. I use	ovided in this applic	ation and any att	achments in sup or failure to dis	port thereof is to
If yes, type of criminal Date criminal case fina Outcome/Judgement H. REFERENCE Name of Referee I. DECLARATION Thereby declare that all	Relationship I the information protrue and correct. I use	ovided in this applic	ation and any attains a sepresentation any employment	achments in sup or failure to dis	port thereof is to