

## **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	
	March archin N								
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	cation obt	cation obtained Year obtained					
Name of institution		Name of qualif	fication			NQF level			Year obtained
E. WORK EXPERIENCE (ADD				PROVID			DUR CV)		
Employer (starting with the most recent)		osition From		Land	To			Reason for leaving	
			MM	YY	MN	VI	YY		
If	-1:- 1	l		41	\ \/-			NI-	
If you were previously employe			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			Yes		No				
	-	-	res		INO				
pending finalization		_							
yes, provide details	on a separate sheet	i.							
G. CRIMINAL RECORD									
Were you convicted	of a criminal offence	e involving	Yes		No				
financial misconduct	, fraud or corruption	on or before 5							
July 2011? If yes, pr	ovide details on a s	eparate sheet.							
If yes, type of crimin	al act								
Date criminal case fi	inalized								
Outcome/Judgment									
H. REFERENCE									
					1 "				
Name of referee	Relationship	Tel. (office he	ours)	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.									
my disqualification of termination of my employment contract, if appointed.									
Signature:			Doto						
Oignature.				Date:					

