NKANGALA DISTRICT MUNICIPALTIY



APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting 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 All Employees in terms of the Local Government: Municipal Systems Act, 2000 (Act No.32 of 2000)

in terme of the 200al Government man	noipai Cyclomo noi,	2000 (7.01.	10.02 0. 20	33)	
A. DETAILS OF THE ADVERTIS	SED POST (as ref	flected in th	e advert)		
Advertised post applying for					
Reference Number					
Name of Municipality					
Are you currently employed?					
If you are offered the position, when					
can you start OR how much notice					
must you serve with your current					
employer?					
B. PERSONAL DETAILS					
Surname					
First Name					
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 Citizen?	Yes		No		
If no, what is your Nationality?					
Work Permit Number (if any)					
Do you hold a professional membership	with any profession	nal			
body? If yes, provide information below					
Yes	T		No		
Professional Body:	Membership Number:		Expiry Date:		
If your profession or occupation					
requires State or official registration,					
provide date and particulars of					
registration.					
C: CONTACT DETAILS:	T				
Preferred language for					
correspondence?					
Telephone number during office hours					
Preferred method for correspondence	Post	E-mail		Fax	
(Mark with an X)					

Correspondence co	ontact details (in					
terms or above)						
D. QUALIFICATION Name of School/ Te	ONS (Additional infectional infection of the control of the contro		t Qualification		vour CV) Year Ol	otained
Name of Institution		Name of Qualific		NQF Lev	/el	Year Obtained
Current study (institution)	tution and					
F WORK EVDER	DIENCE (Additional	informati	an may ba	provided a		/\
Employer (starting	RIENCE (Additional	1	on may be From	provided d	To	Reason for leaving
with the most recent)	Position	MM	YY	MM	YY	
	sly employed in Loc ny condition exists th			Yes		No
If yes, provide the r						
previous employing	municipality					
F. DISCIPLINARY	RECORD	1				
Have you been disr	missed for	Yes			No	
If yes, Name of Mu	nicipality/Institution					
Type of a Miscondu	• •					
Date of Resignation finalised						
Award/ sanction						
Did you resign from finalisation of the di proceedings? If yes on a separate shee	sciplinary s, provide details	Yes			No	
G.CRIMINAL REC	CORD	1				
Were you convicted	d of a criminal					
offence involving fir fraud or corruption?	nancial misconduct,					
details on a separa						
If yes, type of crimin						
Date criminal case	finalised					
Outcome/ judgeme	nt					

H. LANGUAGE state	PROFICIEN	ICY –	good', 'fa	air' or 'p	oor'		
	Languages (specified)						
Speak							
Read							
Write							
H. REFERENCE Name of Referee		nship	Tel (Office	Hours)	Cellph	one	Email
					Number		
I. DECLARATIO	N						
thereof is to the b	est of my k any inform	nowledge	true and corre	ct. I unde	erstand	that any mi	chments in support srepresentation or of my employment
Signature :			Date :				