

# **EMAKHAZENI LOCAL MUNICIPALITY**

P.O. BOX 17, BELFAST, 1100

25 SCHEPPERS STREET, BELFAST, 1100

TEL: 013 253 7600



## **APPLICATION FORM**

**TERMS AND CONDITIONS**

1. The purpose of this form is to assist the municipality to select 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 attached C.V.
3. Candidates shortlisted for interviews may be requested to furnish additional information.
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 candidate
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 ADVERT (as reflected on the advert)**

Advertised post applying for	
Reference Number	
Name of the 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 you a South African Citizen	Yes		No	
If Not, what is your nationality	N/A			
Work Permit Number, if any				
Do you hold a professional membership with any professional body?	Yes			
If Yes, please state	Professional Body	Membership No	Expiry Date	

**C. CONTACT DETAILS**

Preferred Language for Correspondence			
Telephone Number during office hours			
Preferred method for correspondence	Post	Email X	Fax
Correspondence details(in terms of the above)			

<b>D. QUALIFICATIONS (additional information may be provided on the CV)</b>			
Name of School/Technical College	Highest Qualification Obtained	Year Obtained	
Name of Institution	Name of the Qualification	NQF Level	Year Obtained

<b>E. WORK EXPERIENCE (additional information may be provided on your CV)</b>						
Employer (Start with the recent)	Position	From		To		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 name of the previous employing municipality						

<b>F. DISCIPLINARY RECORD</b>		
Have you been dismissed for misconduct during the past 10 years	Yes	No
If yes, Name of Municipality/Institution		
Type of Misconduct/Transgression		
Date of Resignation/Disciplinary case finalized		
Award/Sanction		
Have you been accused of an alleged misconduct and resigned from your job pending disciplinary proceedings?	Yes	No

<b>G. CRIMINAL RECORD</b>		
Were you convicted of any criminal offense in a court of law during the past ten (10) years	Yes	No
If yes, type of the criminal act		
Date criminal case finalized		
Outcome/Judgement		

<b>H. REFERENCE</b>			
Name of Reference	Relationship	Tel (Office hours)	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 hereby also acknowledge that shortlisted candidates will be subjected to screening/vetting, verification of qualifications and employment history/ reference check, and will be required to complete a disclosure and declaration of financial interest form. 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: