

# **EMAKHAZENI LOCAL MUNICIPALITY**

P.O. BOX 17, BELFAST, 1100

25 SCHEPPERS STREET, BELFAST, 1100

TEL: 013 253 7600



## **APPLICATION FORM FOR SENIOR MANAGERS**

**TERMS AND CONDITIONS**

1. 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.
2. Candidates shortlisted for interviews may be requested to furnish additional information.
3. All information received will be treated with strictly confidentiality and will not be used for any other Purpose.
4. 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   |            |              |        |           |
| Work Permit Number, if any   |            |              |        |           |
| Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If, yes provide information below |            |              |        | <b>No</b> |
| Political Party:   | Position:  | Expiry Date: |        |           |
| Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If, yes provide information below |            |              |        | <b>No</b> |
| Professional Body:   | Member No: | Expiry Date: |        |           |
|  |            |              |        |           |

**C. CONTACT DETAILS**

|   |      |       |     |
|---|------|-------|-----|
| Preferred Language for Correspondence         |      |       |     |
| Telephone Number during office hours          |      |       |     |
| Preferred method for correspondence           | Post | Email | 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<br>(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 on or after 5 July 2011   | Yes | No |
| If yes, Name of Municipality/Institution   |     |    |
| Type of Misconduct/Transgression   |     |    |
| 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 |

| <b>G. CRIMINAL RECORD</b>  |     |    |
|--|-----|----|
| Were you convicted of any criminal offense involving financial misconduct, fraud and corruption on or after 5 July 2011? If yes, provide details on a separate sheet | 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 |
|                     |              |                   |       |
|                     |              |                   |       |
|                     |              |                   |       |

|                       |  |
|-----------------------|--|
| <b>I. DECLARATION</b> |  |
|-----------------------|--|

|  |  |
|--|--|
| 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: |
|------------|-------|