**INKOSI LANGALILBALELE MUNICIPALITY**

**PO BOX 15, ESTCOURT, 3310**

**TEL: 036-342 7800**

**FAX: 036 352 5829**



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 **APPLICATION FORM FOR EMPLOYMENT**

1. **The purpose of this form is to assist a 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. **Candidates shortlisted for interviews may be requested to furnish additional information that will assist the Municipality to expedite recruitment and selection processes.**
4. **All information received will be treated with strictly confidentiality and will not be used for any purposes than to assess the suitability of the applicant.**
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).**

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| 1. **DETAILS OF THE ADVERTISED POST (As reflected in the advert)**
 |
| Advertised Post Applying for |  |
| Reference Number  |  |
| Name of the Municipality  |  |
| Notice service period |  |
| 1. **PERSONAL DETAILS**
 |
| Surname  |  |
| First Name(s)  |  |
| ID Passport Number  |  |
| Race  | African | Coloured  | Indian  | White |
| Gender  | Male  | Female  |
| Do you have a disability | Yes | No |
| If yes, please elaborate |  |
| Are you an SA citizen? | 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 or acting capacity? If yes, provide information below. |
| Political Party:  | Position:  | Expiry Date:  |
| Do you hold a professional membership with any professional body? if yes, provide information below |
| Professional Body:  | Membership No:  | Expiry Date:  |
| 1. **CONTACT DETAILS**
 |
| Preferred language for correspondence  |  |
| Telephone No. during office hours |  |
| Preferred method for correspondence  | Post  | E-Mail  | Fax |
| Correspondence contact details (in terms of the above)  |  |

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| 1. **QUALIFICATIONS (additional information may be provided on your CV)**
 |
| Name of School/Technical College | Highest qualification Obtained  | Year Obtained |
|  |  |  |
| Name of Institution  | Name of Qualification  | NQF Level  | Year Obtained  |
|  |  |  |  |
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| 1. **WORK EXPERIENCE (Additional information may be provided on your CV)**
 |
| Employer (starting with the most recent)  | Position  | From  | To  | Reason For Leaving  |
| MM | YY | MM | YY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| If you were previously employed in Local Government, indicate whether any conditions exists that prevents your re-employment | Yes | No  |
| If yes, provide the name of the previous employing Municipality.  |  |

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| 1. **DISCIPLINARY RECORD.**
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| Have you been dismissed for misconduct on or after 05th July 2011?  | Yes  | No  |
| If yes, name of the Municipality/Institution:  |  |
| Type of Municipality/Transgression |  |
| Date of resignation/disciplinary case finalized |  |
| Award/Sanction |  |
| Did you resign from your job on or after 05th July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet | Yes | No  |

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| 1. **CRIMINAL RECORD.**
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| Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after July 2011. If yes, provide details on a separate sheet | Yes | No |
| If yes, type of criminal act  |  |
| Date criminal case finalized |  |
| Outcome/Judgment |  |

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| 1. **REFERENCES**
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| Name of Referee | Relationship  | Tel. (office hours)  | Cell-phone No.  | Email  |
|  |  |  |  |  |
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| 1. **DECLARATION**
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| **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 :**  |