



# THABO MOFUTSANYANA DISTRICT MUNICIPALITY

## APPLICATION FORM FOR EMPLOYMENT

### **TERMS AND CONDITIONS:**

1. The purpose of this form is to assist the 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 municipalities 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 the employees.

### **A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)**

Advertised post applying for	
Reference number	
Name of Municipality	
Notice service period	

### **B. PERSONAL DETAILS**

		<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names		<input type="text"/>	<input type="text"/>	<input type="text"/>
I.D. or passport Number		<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		<input type="text"/>	<input type="text"/>	<input type="text"/>
Race	African	Coloured	Indian	White
Gender	Female	Male		<input type="text"/>
Do you have a disability?	Yes	No		<input type="text"/>
If yes, elaborate		<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a South African citizen?	Yes	No		<input type="text"/>

If no, what is your Nationality					
Work Permit Number (if any):					
Do you hold a professional membership with any Professional Body:?	Y	N	Name of professional body	Membership No.	Expiry date

<b>C. CONTACT DETAILS</b>				
Preferred language for correspondence?	English			
Telephone number during office hours			Cell no.	
Preferred method for correspondence (mark with an X)	Post	E-mail	Fax	
Correspondence contact details (in terms of above)				

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

<b>E. WORK EXPERIENCE (Additional information may be provided on your CV)</b>						
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 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 ten (10) years?	Yes	No	
If yes, Name of Municipality/ Employer:			
Type of a Misconduct/Transgression			
Date of Resignation/Disciplinary case finalized			
Award sanction			
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes	No	

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

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<b>H. REFERENCE ( Please elaborate on your cv)</b>							
Name of Referee	Relationship	Tel (office hours)	Cell phone No.	E-mail			


**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.*

Signature:

Date: