

## **TERMS AND CONDITIONS**

- **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 must 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 be will treated with 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 senior managers in terms of the Local Government Systems Act, 2000 (Act No. 32 of 2000)

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A DETAILS OF T	HE ADVERTI	SED F	OST	(as r	eflec	ted in a	dvert)							
Advertised post	-													
Reference number														
Name of Municipality														
Notice of Service														
B. PERSONAL IN	NFORMATIO	N												
Surname														
First Names														
Date of Birth														
ID number														
Race (mark with an X)		Afri	African		Wh	iite	Coloured			Indian				
Gender ( <i>mark</i>	k FEMALE MA		MALE Do you have				YES	If yes elaborate			2:			
with an X)					abilit	y,	NO	NO						
Are you a South	African Citiz	zen?				no, what is								
						your N	ationality					1	1	
And do you hav	'k Per	Permit?									NO	YES		
Do you hold any			•		•	•	ner in a pe	eri	manent, te	empo	orary or			
acting capacity? If yes provide information														
Political Party:		Position: Expiry dat												
Do you hold a p		nemb	ershi	p wi	th ar	ny profes	ssional bo	dy	y? If yes pr	ovid	e			
information bel												No		
Yes														
Professional body:				Membership No: Expir					re D	ate:				
C. HOW DO WE	CONTACT Y	OU												
Preferred language for correspondence?														
Telephone number during office hours														
Preferred method for Pos			st			E-m	ail			Fax				
correspondence														
Correspondence contact in terms of the above:														

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D.QUALIFICATIONS (add	ditional i	nforma	ation may	y be pr	ovided	l on yo	our CV)						
Name of School / Techn	High	est qualif	ication	obtain	Year	Year							
College													
Tertiary education (complete for each qualification you obtained)													
Name of Institution	Nam	e of Qual	ificatio	n		Year							
						Obtained							
						,							
Name of Institution	Name of Qualification				NQF	level	Year Obtained						
		L				<u> </u>							
			information may be provid				n your CV)	1_	T B				
Employer (including	eld From				То		Reason for						
current employer)			200	NANA WY		D 4 D 4	100	Leavi	Leaving				
			MM	YY		MM	YY						
If you were previously e	mployed	in Loc	al Govern	ment,	indicat	e whe	ther any con	dition	YES	NO			
exist that prevents your	re-emplo	oymen	t										
If Yes provide the name of the													
previous employing mur	nicipality												
F. DISCIPLINARY RECOR													
Have you ever been dismissed for misconduct on or after 5 July 2011?									ES	NO			
If yes, name the Municip			ion										
Type of Misconduct/Tra													
Date of Resignation / Dis	sciplinary	case f	inalised										
Award/ Sanction						<u> </u>							
Did you resign from you	-		•	-	_		tion of the	Y	ES	NO			
disciplinary proceedings  G. CRIMINAL RECORD	? IT Yes p	roviae	details o	n a sep	arate s	sneet							
	criminal	offon	co involvi	na fina	acial m	niccon	duct fraud o	r 1	ES	NO			
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If Yes provide details on a separate Sheet								'   T	ES	NO			
If Yes type of criminal ac		1: 11 1	es provid	e detail	3 011 0	sepai	ate Sheet						
Date criminal case finalis													
Outcome/ Judgement	<del></del>												
H. REFERENCES (please	ignore if	vou ha	ave attac	hed a C	V with	1 these	e details)						
Name	ship					fice hours)	Email	Email					
		•					•						
I DECLARATION			-I		I			1					
I hereby declare that all	the info	rmatic	n provid	ed in th	is app	licatio	n and any at	tachme	ents 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 contract	, if appoi	nted											
Signature:							Date:						

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