



THULAMELA MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGEMENT

Tel: 015-962-7593 Fax: 015-962-4020
Old Agriven Building, Private Bag X5066, Thohoyandou, 0950

INFORMATION

- 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 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 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 ADVERTISED POST(As reflected in the advert)

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

B. PERSONAL DETAILS

Surname		
First Name		
ID or Passport Number		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Race: African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	
Do you have any disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please elaborate		
Are you a SA citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, what is your Nationality		
Work permit Number (if any)		
Do you hold any political office in a political party, ether in a permanent, temporary or acting capacity? If yes, provide information below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Political Party	Position	Expiry date:

Do you hold a professional membership with anybody? If yes provide information below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Professional Body	Membership Number	Expiry date

C. CONTACT DETAILS			
Preferred Language for Correspondence			
Telephone Number during office hours			
Preferred Method for correspondence (mark with an X)	Post <input type="checkbox"/>	e-Mail <input type="checkbox"/>	Fax <input type="checkbox"/>
Correspondence contact details in terms of the above			

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

E. WORK EXPERIENCE (Additional information may be provided on your CV)				
Employer starting with the most recent	Position	From	TO	Reason for Leaving
If you were previously employed in Local Government, indicate whether any conditions exist that prevents your re-employment			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes provide the name of the previous employing Municipality				

F. DISCIPLINARY RECORD	
Have you been dismissed for misconduct on or after 5 July 2011	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Name of Institution	
Type of Misconduct/Transgression	
Date of Resignation/Disciplinary case finalized	
Award or 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 <input type="checkbox"/> No <input type="checkbox"/>

G. CRIMINAL RECORD	
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	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes type of criminal act	
Date of criminal case finalized	
Judgment/Outcome	

H. REFERENCES				
Name & Surname	Relationship	Tel (Office hours)	Cell Number	E mail

I. DECLARATION	
<p>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 information may lead to my disqualification or termination of my employment contract, if appointed</p>	
Signature:	Date: