

## APPLICATION FORM FOR EMPLOYMENT

- 1. The purpose of this form is to assist Ngwathe 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 shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist Municipality with recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000)

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

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| QUALIFICATION (Please elaborate on   | your cv)    |           |       |               |                                 |          |                    |  |
|--|-------------|-----------|-------|---------------|---------------------------------|----------|--------------------|--|
| Highest educational qualification obtain   | ned         |           |       |               |                                 |          |                    |  |
| Name of the School   |             | Highest G | rade  | Year Obtained |                                 |          |                    |  |
| Highest tertiary qualification obtained  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       | Lau           |                                 | NOST     | Very Object of     |  |
| Name of Institution  |             |           |       |               | Name of NQF Level qualification |          | Year Obtained      |  |
|  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
| WORK EXPERIENCE(please elaborate   | on your cv) |           |       |               |                                 |          |                    |  |
| Employer (starting with the most recent)   | Post held   | Post held |       | From          |                                 |          | Reason for leaving |  |
|  |             |           | Month | Year          | Month                           | Year     |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |
|  | •           |           |       |               |                                 | <u> </u> |                    |  |
| DISPLINARY RECORD  |             |           |       |               |                                 |          |                    |  |
|  | ict during  | Yes       |       |               | No                              |          |                    |  |
| Have you been dismissed for misconduthe past ten(10) years?  | J           |           |       |               |                                 |          |                    |  |
| the past ten(10) years?  |             |           |       |               |                                 |          |                    |  |
| the past ten(10) years?  If yes, Name of Municipality/ Employer  |             |           |       |               |                                 |          |                    |  |
| the past ten(10) years?  If yes, Name of Municipality/ Employed  Type of misconduct/ Transgression  Date of Resignation/ Disciplinary case |             |           |       |               |                                 |          |                    |  |
|  |             |           |       |               |                                 |          |                    |  |

**CRIMINAL RECORD** 

| Have you been convicted of any  | Ye                       | S               | No               |                |       |   |
|---|--------------------------|-----------------|------------------|----------------|-------|---|
| If yes, type of criminal act  |                          |                 |                  |                |       |   |
| Date case finalised   |                          |                 |                  |                |       |   |
| Outcome/ Judgement  |                          |                 |                  |                |       |   |
|   |                          |                 |                  |                |       |   |
| REFERENCES (please elaborate  | on your cv)              |                 |                  |                |       |   |
| Name of Referee   | me of Referee Relationsh |                 | (office hours)   | Cellph<br>Numb | Email |   |
|   |                          |                 |                  |                |       |   |
|   |                          |                 |                  |                |       |   |
|   |                          |                 |                  |                |       |   |
|   |                          |                 |                  |                |       |   |
| DECLARATION   |                          |                 |                  |                |       |   |
| I hereby declare that all the info<br>knowledge true and correct. I u<br>disqualification or termination of | nderstand that any mi    | isrepresentatio | on or failure to |                |       | = |
| Signature:  |                          |                 | Date:            |                |       |   |