



Email:<u>info@umzimkhululm.gov.za</u> Tel: (039) 259 5000/5300 Fax: (039) 259 0427

## CORPORATE SERVICE DEPARTMENT

PROVINCE OF KWAZULU-NATAL KZN 435

## APPLICATION FORM FOR EMPLOYMENT ANNEXURE C

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertisement 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 strictly 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 PO	OST (as reflected I	the advert)		
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service period				
B. PERSONAL DETAILS				
Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male
Do you have disability?			Yes	No
If yes elaborate				
Are you a South African citizen?			Yes	No
If no, what is your Nationality				•
Work Permit Number(if any):				

169 Main Street Private Bag 53 Umzimkhulu 3297



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Do you hold any political office in a pacting capacity? If yes provide inform			er in a p	erm	anent,	temporar	y or	No
Political party:		Position: Expiry date:						
Do you hold a professional members provide information below Yes	ship with a	any profess	ional bo	ody?	o If yes,			No
Professional body:	Membe	ership number: Expiry da				oiry date:		
C. CONTACT DETAILS	1					<u> </u>		
Preferred language for corresponder	nce?							
Telephone number during office hou	rs							
Preferred method for correspondenc (Mark with an X)	е	Post E-mail				Fax		
Correspondence contact details(in te	rms of ab	oove)						
D. QUALIFICATIONS (Additional	al informa	tion may be	e provic	led (	on you	r CV)		
Name of School/ Technical college	High Q	h Qualification Obtained			Year	Year Obtained		
Name of Institution	Name	of Qualification			NOF	NQF Level Year obta		
Traine of motitation		- Quanita				1101	20101	Todi obtainod
E. WORK EXPERIENCE (Addit	ional info	rmation may	y be pro	ovide	ed on y	our CV)		
Employer (starting with the most recent		tion From			То		Reason for leaving	
			MM	1	YY	MM	YY	-
If you were previously employed in L Whether any condition exists that pre						Yes	•	No





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If yes provide the name of	the previous				
employing municipality  F. DISCIPLINARY R	FCORD				
Have you been dismissed	Yes	No			
If yes, Name of municipali	ty/ Institution:				1
Type of a misconduct/ Tra	nsgression				
Date of Resignation/ Disci	plinary case fina	alised			
Award/ sanction					
Did you resign from your j the disciplinary proceeding	Yes	No			
G. CRIMINAL RECO	RD				
Were you convicted of a c		Yes	No		
Misconduct, fraud or corru	•	5 July 2011? If			
Yes provide details on a s  If yes type of criminal act	eparate sneet.				
, , , , , , , , , , , , , , , , , , ,					
Date criminal case finalise	Date criminal case finalised				
Outcome/ judgement					
H. REFERENCE					
ame of reference Relationship T		Tel(office hours)	Tel(office hours) Cellpho		Email
I. DECLERATION					
I hereby declare that all the the best of my knowledge information may lead to my	true and correct	. I understand that any n	nisreprese	entation or failu	re to disclose any
Signature:	<u> </u>	Date:			