

APPLICATION FORM FOR EMPLOYMENT

- 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 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 the 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 refl | ected i | n th | e advert | t) | | | | | |
|---|--|---------|---|---------------------------------|--------|------------|------|----------|-----|--|
| Advertised post applying for | General Worker / Assistant: Cleaning and Gardening Services (Great Brak River/Friemersheim) | | | | | | | | | |
| Name of the Municipality | Mossel Bay Municipality | | | | | | | | | |
| Notice service period | | | | | | | | | | |
| PERSONAL DETAILS | | | | | | | | | | |
| Internal Candidate | Yes | | | No Perso | | sonnel No: | | | | |
| Surname | | | | | | | | | | |
| First Names | | | | | | | | | | |
| ID or Passport Number | | | | | | | | | | |
| Gender | Male | | | | | Female | | | | |
| Race | Africa | an Whi | | | e | Colc | ured | Indian | | |
| Do you have a disability? | Yes | No | If y | yes, elak | oorate | | | | | |
| Are you a South African Citizen? | | - | If not, what is your nationality? | | | | | | | |
| | Yes | No | | Do you have a vali work Permit? | | | Yes | No | | |
| Do you hold a professional membership with any professional body? | Yes | No | Name of professional body Membership Number Expiry | | | | | Expiry d | ate | |
| List all languages you are proficient in (read, write, speak) | | ı | | | | | 1 | 1 | | |

| Do you have valid driver's lid | cense? | Yes | No | If ye | es, sp | pecify | y code | e(s) | | | | | |
|---|--|--------|---------------|-------------------------------|--------|------------|--------|-------------|------|-----------------|--|--|--|
| CONTACT DETAILS | | | | | | | | | | | | | |
| Telephone number during office hours | | | | () | | | | | | | | | |
| Mobile phone number | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | | |
| | | | | | | Code: | | | | | | | |
| Email Address Preferred language of comm | ounication | | | | | | | | | | | | |
| | Idilication | | | | | | | | | | | | |
| QUALIFICATIONS (please | elaborate or | n your | CV) | | | | | | | | | | |
| Highest educational qualification | Highest educational qualification obtained | | | | | | | | | | | | |
| Name of the School | | | | Highest Grade | | | | | | Year Obtained | | | |
| | | | | | | _ | _ | | | | | | |
| Highest tertiary qualification obtained | | | | | | | | | | | | | |
| Name of Institution | | | Nam | lame of a qualification NQF l | | | | | /el | Year Obtained | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| WORK EXPERIENCE (plea | se elaborate | on yo | ur C\ | /) | | | | | | | | | |
| Employer (starting with the most recent) | | | From Month Ye | | 1 | To Month Y | | Year | Reas | son for leaving | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

| DISCIPLINARY RECORD | | | | | | | | | | |
|---|--------------|----------------|------|----------------|----|----------|-----|--|--|--|
| Have you been dismissed for misconduct during the past ten (10) years? | | | Yes | | | 1 | No | | | |
| If yes, name of Municipality/ Employer | | | | | | | | | | |
| | | | | | | | | | | |
| Type of a Misconduct / Transgression | | | | | | | | | | |
| Date of Resignation / Disciplinary case Finalize / Dismissal | | | | | | | | | | |
| Award / sanction | | | | | | <u>.</u> | | | | |
| Have you been accused of and resigned from your jothe disciplinary proceeding | Yes | | | | No | | | | | |
| | | | | | | | | | | |
| CRIMINAL RECORD | | | | | | | | | | |
| Have you been convicted of law during the past ten | a court of | | Yes | | | No | | | | |
| If yes, type of criminal act | | | | | | | | | | |
| Date criminal case finalize | | | | | | | | | | |
| Outcome/ Judgment | | | | | | | | | | |
| | | | | • | | | | | | |
| REFERENCES (please elaborate on your CV) | | | | | | | | | | |
| Name of Referee | Relationship | Tel (of hours) | fice | Cellpl Numb | | Ema | ail | | | |
| | | | | | | | | | | |
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| 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: | | | | | ., | | | | |
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