ELIAS MOTSOALEDI LOCAL MUNICIPALITY



PO BOX 48 Groblersdal 0470 2 Grobler Street **Groblersdal 0470** Tel: (013) 262 3056 Fax: (013) 262 2547

APPLICATION FORM FOR EMPLOYMENT: SENIOR MANAGERS POST(S)

TERMS AND CONDITIONS

- The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised post.
- 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.
- Candidates shortlisted for interviews may be requested to furnish additional information that will assist Elias Motsoaledi Local Municipality to expedite recruitment and selection processes.
- 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.
- This form is designed to assist Elias Motsoaledi Local Municipality with the recruitment, selection and appointment of

ai Government.	Municipal System:	s Act 32 of 2000.		
T (as reflected in	n the advert)			
			T	
African	Coloured	Indian	White	
Female		Male		
Yes		No		
Yes		No		
		•		
	African Female Yes	T (as reflected in the advert) African Coloured Female Yes	African Coloured Indian Female Male Yes No	T (as reflected in the advert) African Coloured Indian White Female Male Yes No

Do you hold any political office in a political party, whether in a						Yes		No		
permanent, temporary of	r acting capacity? I	f yes, provi	de inforn	nation						
	below.						1.1			
Political party:	Positio	Position:					ry date:			
Do you hold a professional membership with any profess If yes, provide information below				ssional body?						
Professional Body:		Membersh	nin Num	hor.		Expiry Date:				
T Tologoloridi Body.		Wellberg	iip Nuilibei.			Ελρί	Ty Date.			
C: CONTACT DETAILS:										
Preferred language for correspondence?										
Telephone number during office hours										
Preferred method for correspondence (Mark with an X)			Post	E	E-mail	Fax				
Correspondence contact	t details (in terms o	f above)								
D. QUALIFICATIONS (Ad	dditional informatio	n may be p	rovided (on vou	ır CV)					
Name of School / Technical College			Highest Qualification Obtained:			า	Year Obtained:			
									T	
Name of Institution		Name of Qualification			NQF Level		vel	Year Obtained		
E. WORK EXPERIENCE	(Additional informa	ation may be	e provide	ed on	your C\	/)				
Employer (starting	(starting			From		То		Reason for leaving		
with the most recent) Position			Month	Year	Mo	onth	Year	1100001	. 101 100 111g	

If you were previous whether any condition			Yes		No				
If yes, provide the na municipality:	ame of the previous	3							
F. DISCIPLINARY R	ECORD								
Have you been dismissed for misconduct on or after 5 July 2011?			Yes			No			
If yes, Name of Municipality / Institution									
Type of a Misconduct / Transgression									
Date of Resignation / Disciplinary case finalised									
Award / 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			No			
G. CRIMINAL RECO	RD								
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			No			
If yes, type of criminal act									
Date criminal case finalized									
Outcome/ Judgment									
H. REFERENCE									
Name of Referee	Relationship	Tel (Office Ho	(Office Hours)		ours)		Cellphone number		
		1							
I 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:					