

# Elias Motsoaledi Local Municipality



Phone: (013) 262 3056/2643  
Fax: (013) 262 5075/2886

P.O. Box 48  
Groblersdal  
0470

[www.eliasmotsoaledi.gov.za](http://www.eliasmotsoaledi.gov.za)

## **APPLICATION FORM FOR EMPLOYMENT: STAFF MEMBER POST(S)**

### **TERMS AND CONDITIONS:**

1. The purpose of this form is to assist the 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 Elias Motsoaledi Local Municipality 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 Elias Motsoaledi Local Municipality with the recruitment, selection and appointment of **staff member** in terms of the Local Government: Municipal Systems Act 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 Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender	Female		Male	
Do you have a 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)				

Physical Address: 2<sup>nd</sup> Grobler Avenue Groblersdal 0470. Postal Address: P O BOX 48 Groblersdal 0470

Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide information below.		Yes	No
Political party:	Position:	Expiry date:	
Do you hold a professional membership with any professional body? If yes, provide information below		Yes	No
Professional Body:	Membership Number:	Expiry Date:	
<b>C: CONTACT DETAILS:</b>			
Preferred language for correspondence?			
Telephone number during office hours			
Preferred method for correspondence (Mark with an X)	Post	E-mail	Fax
Correspondence contact details (in terms of above)			
<b>D. QUALIFICATIONS (Additional information may be provided on your CV)</b>			
Name of School / Technical 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
		Month	Year	Month	Year	

If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:

Yes

No

If yes, provide the name of the previous municipality:

**F. DISCIPLINARY RECORD**

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 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

No

If yes, type of criminal act

Date criminal case finalized

Outcome/ Judgment

## H. REFERENCE

Name of Referee	Relationship	Tel (Office Hours)	Cell phone number	Email

## I. EMPLOYEE DECLARATION AND PRIVACY NOTICE

1. I declare that all the personal information furnished by me on this form is true and correct, and I undertake to inform Elias Motsoaledi Local Municipality of any changes in my personal information.
2. I, as a job applicant or an employee of the Municipality hereby consent that the Municipality may collect, use, distribute, process my personal information for its business purposes, which may include, but is not limited to,
  - 2.1. internal administrative processes pertaining to my employment at the Municipality; and
  - 2.2. conducting criminal, qualifications, credit, and reference checks.
3. I also consent that the Municipality may share my personal information with the Vetting Agencies, External Auditors, South African Receiver of Revenue, Department of Employment and Labour, Banks, service providers offering employees with various services as part of employment benefits, councilors, relevant governance structures, relevant government institutions and legal entities which may lawfully require such information for legal obligations.
4. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation, compliance with legislative requirements or when personal information is publicly available.
5. I will not hold the Municipality responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.
6. I confirm that I have read the notice and understand the contents.

## J. 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: