

ELIAS MOTSOLEDI LOCAL MUNICIPALITY

PO BOX 48
Groblersdal
0470

2 Grobler Street
Groblersdal 0470
Tel: (013) 262 3056
Fax: (013) 262 2547



APPLICATION FORM FOR EMPLOYMENT: STAFF MEMBERS' POST

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 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 Elias Motsoaledi Local Municipality with the recruitment, selection and appointment of staff members in terms of the Local Government: Municipal Systems Act 32 of 2000.

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

Advertised Post Applying For	
Reference Number	
Name of Municipality	
Notice Service Period	

PERSONAL DETAILS

Surname						
First Names						
ID or Passport Number						
Gender	Male	<input type="checkbox"/>		Female	<input type="checkbox"/>	
Race	African	White		Coloured		Indian
Do you have a disability?	Yes	No	If yes, elaborate			
Are you a South African Citizen?	Yes	No	If not, what is your nationality			
			Do you have valid work permit	Yes		No
Do you hold a professional membership with any professional body?	Yes	No	Name of professional body	Membership Number	Expiry date	

CONTACT DETAILS:	
Telephone number during office hours	
Mobile phone number	
Postal address	
	Code:
Email address	
Preferred language of communication	

QUALIFICATIONS (Please elaborate on your CV)			
Highest educational qualification obtained			
Name of the School	Highest Grade	Year Obtained	
Highest tertiary qualification obtained			
Name of Institution	Name of a Qualification	NQF level	Year Obtained

WORK EXPERIENCE (please elaborate on your CV)						
Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	

DISCIPLINARY RECORD		
Have you been dismissed for misconduct during the past ten (10) years?	Yes	No
If yes, Name of Municipality / Employer		
Type of a Misconduct / Transgression		
Date of Resignation / Disciplinary case finalised / Dismissal		
Award / sanction		
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes	No

CRIMINAL RECORD		
Have you been convicted of any criminal offence in court of law during the past ten (10) years?	Yes	No
If yes, type of criminal act		
Date criminal case finalized		
Outcome / Judgment		

"REFERENCES" (Please elaborate on your CV)				
Name of Referee	Relationship	Tel (office hours)	Cell Phone Number	Email

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:

Applicant consent in terms of the Protection of the Personal Information Act 4 of 2013

1. I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Municipality of any changes in my personal information.
2. I undertake to comply with all the rules, regulations and decisions of the municipality and any amendments thereto and I have taken note of advice which may be applicable to applicants in general.
3. I, as an applicant intending to be employed by the Municipality, hereby consent that the Municipality may collect, use, distribute, process my personal information for all required employment processes pertaining to my application which may include, but is not limited to:
 - 3.1 previous work experience vetting;
 - 3.2 academic qualifications vetting; and
 - 3.3 credit and or criminal record vetting.
4. I also consent that Municipality may share my personal information with the other State Organs or private organizations, i.e. qualification verification agencies, professional bodies, third parties rendering various services to the municipality and legal entities which may lawfully require such information for legal obligations and/or investigations.
5. I understand that in terms of the Protection of Personal Information Act D4 of 2013 and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.
6. I will not hold the municipality responsible for any improper or unauthorized use of personal information that is beyond its reasonable control.
7. I confirm that I have read the notice and understand the contents.

Full Names			
ID Number			
Signature		Date	