



# GREATER GIYANI MUNICIPALITY

## APPLICATION FROM FRO EMPLOYMENT

### TERMS AND CONDITIONS

1. The purpose of this 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 interview 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 confidential information that will not 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 systems Act, 2000 (Act No: 32 of 2000)

|                                                                                                                                                     |                   |               |        |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|--------|-------|
| <b>A. DETAILS OF THE ADVERTISED POST</b> (as reflected in the advert)                                                                               |                   |               |        |       |
| Advertised post applying for                                                                                                                        |                   |               |        |       |
| Reference number                                                                                                                                    |                   |               |        |       |
| Name of municipality                                                                                                                                |                   |               |        |       |
| Notice service period                                                                                                                               |                   |               |        |       |
| <b>B. PERSONAL DETAILS</b>                                                                                                                          |                   |               |        |       |
| Surname                                                                                                                                             |                   |               |        |       |
| First Names                                                                                                                                         |                   |               |        |       |
| ID or Passport Number                                                                                                                               |                   |               |        |       |
| Race                                                                                                                                                | African           | Coloured      | Indian | White |
| Gender                                                                                                                                              |                   |               | Female | Male  |
| Do you 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):                                                                                                                        |                   |               |        |       |
| 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 correspondences                                                                                                              |                   |               |        |       |
| Telephone number correspondence (Mark with X)                                                                                                       |                   |               |        |       |
| Correspondence contact details (In terms of above)                                                                                                  | Post              | e-mail        | Fax    |       |

|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|----|--------------------------|----------------------|--------------------|
| <b>D. QUALIFICATIONS (Additional information may be provided on your CV)</b>                                                                                                                                                                                                                                                            |                                |                           |    |                          |                      |                    |
| Name of School/Technical College                                                                                                                                                                                                                                                                                                        | Highest qualification obtained |                           |    | Year obtained            |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| <b>Name of institution</b>                                                                                                                                                                                                                                                                                                              | <b>Name of qualification</b>   |                           |    | <b>NQF Level</b>         | <b>Year obtained</b> |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| <b>E. WORK EXPERIENCE (Additional information may be provided on your CV)</b>                                                                                                                                                                                                                                                           |                                |                           |    |                          |                      |                    |
| Employer (starting with the most recent)                                                                                                                                                                                                                                                                                                | Position                       | From                      |    | To                       |                      | Reason for leaving |
|                                                                                                                                                                                                                                                                                                                                         |                                | MM                        | YY | MM                       | YY                   |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment.                                                                                                                                                                                                            |                                |                           |    | <b>Yes</b>               |                      | <b>No</b>          |
| <b>F. DISCIPLINARY RECORD</b>                                                                                                                                                                                                                                                                                                           |                                |                           |    |                          |                      |                    |
| Have you been dismissed for misconduct on or after July 2011?                                                                                                                                                                                                                                                                           |                                |                           |    |                          |                      |                    |
| 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 finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.                                                                                                                                                                                 |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| <b>G. CRIMINAL RECORD</b>                                                                                                                                                                                                                                                                                                               |                                |                           |    |                          |                      |                    |
| 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.                                                                                                                                                                      |                                |                           |    | <b>Yes</b>               |                      | <b>No</b>          |
| If yes, type of criminal act                                                                                                                                                                                                                                                                                                            |                                |                           |    |                          |                      |                    |
| Date criminal case finalised                                                                                                                                                                                                                                                                                                            |                                |                           |    |                          |                      |                    |
| Outcome/judgement                                                                                                                                                                                                                                                                                                                       |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| <b>H. REFERENCE</b>                                                                                                                                                                                                                                                                                                                     |                                |                           |    |                          |                      |                    |
| <b>Name of referee</b>                                                                                                                                                                                                                                                                                                                  | <b>Relationship</b>            | <b>Tel (office hours)</b> |    | <b>Cell phone number</b> | <b>Email</b>         |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
|                                                                                                                                                                                                                                                                                                                                         |                                |                           |    |                          |                      |                    |
| <b>I. DECLARATION</b>                                                                                                                                                                                                                                                                                                                   |                                |                           |    |                          |                      |                    |
| <i>I hereby declare that all the information provided in this application and attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation of failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed</i> |                                |                           |    |                          |                      |                    |
| <b>Signature :</b>                                                                                                                                                                                                                                                                                                                      |                                |                           |    | <b>Date:</b>             |                      |                    |