

# GREAT KEI MUNICIPALITY

ADDRESS ALL COMMUNICATION TO:  
THE MUNICIPAL MANAGER  
17 MAIN STREET  
PRIVATE BAG X2  
KOMGA  
4950



TEL: (043) 8311 028/325  
FAX: (043) 8311 306  
FAX TO EMAIL: 086 536 0234  
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WEBSITE: <http://www.greatkeilm.gov.za>

## ANNEXURE C

### APPLICATION FORM FOR EMPLOYMENT

#### TERMS AND CONDITIONS

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, municipalities to expedite recruitment and selection processes.
3. Candidates shortlisted for interview may be requested to furnish additional that will assist municipalities to expedite recruitment and selection processes.
4. All information received will be treated with strictly confidential and will 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 senior managers in terms of the Local Government, Municipal Systems Act, 2000 (Act No. 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) :				
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 Body :		Membership Number :		Expiry date :

#### C. CONTACT DETAILS

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
<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 :					Yes	No
If yes, provide the name of the previous employing municipality :						
<b>F. DISCIPLINARY RECORD</b>						
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 finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.				Yes		No
<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.				Yes		No
If yes, type of criminal act						
Date criminal case finalised						
Outcome / judgement						
<b>H. REFERENCE</b>						
Name of Referee	Relationship	Tel : (Office Hours)		Cellphone Number	E-mail	
<b>I. DECLARATION</b>						
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 :		