## **KUMKANI MHLONTLO LOCAL MUNICIPALITY**

96 LG Mabindla street Qumbu 5180 Eastern Cape PO Box 31 Qumbu 5180



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## 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.
- This form must 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 municiplities to expedite recruitment and selection process.
- 4. All information recieved will be treated with strictly confidentiality and will not be used for any other purpose tan to assess the suitability of the applicant.
- This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of local Government: Municipal Systems Act, 2000 (Act No. 32 of 2000).

A. DETAILS OF THE ADVER	TISED POS	T (as re	flected in the adver	rt)		
Advertised post applying for						
Reference number						
Name of Municipality						
Notice service period						
B. PERSONAL DETAILS						
Surname						
First Name						
ID or passport						
Race	Africar	1	Coloured	Indian		White
Gender				Femal	e	Male
Do you have a disability?				Yes		No
If yes, elaborate						
Are you a South African Citizen			Yes		No	
If no what's your Nationality				•		
Work Permit Number (if any):						
Do you hold any political office	in a politic	al party	, whether in a pern	nanent, tempor	ary or acting	No
capacity? If yes provide inform	ation belov	w.				
Political Party: Position:				Expiry Date:		
Do you hold a professional me	mbership v	vith any	professional body?	If yes, provide	information	No
below						
Yes						
Professional Body:		Memi	pership Number:		Expiry Date:	

C. CONTACT DETAILS  Preferred language for									
correspondence?									
Telephone number during office									
hours									
Preferred method for	Post			E-m	nail			Fax	
correspondence (Mark with an X)				1					
Correspondence contact details (in									
terms of above)									
D. QUALIFICATIONS (Addition	al informa	tion ma	y be p	rovided	d on	your CV	/)		
Name of School / Technical College	Highest C	ualificati	on			Year Obt	tained		
Name of Institution Nam		ame of Qualification					el	Year Obtained	
					-		_		
							1		
		_							
E MODE EXPEDIENCE ( * 1 P.:		61			1 1		C) ()		
E. WORK EXPERIENCE ( Additi					ied (				
Employer (starting with the most recent)	Position		From T			Reason	ns for lea	ving	
recently		MM	YY	MM	YY				
		-		-	_				
		-							
		-	_	-					
If you were previously employed in	V					1			
If you were previously employed in Local Government, indicate	Yes					No			
whether any condition exists that									
prevents your re-employment:									
If yes, provide the name of the previo	ous emplovin	ø				1			
municipality:	ous employer								
			-						
F. DISCIPLINARY RECORD									
Have you been dismissed for misconi	duct on or of	or 5	Yes			No			
July 2011?	uuct on or an	.er 5	res			No			
If yes Name of Municipality /Instituti	on ·								
Type of misconduct/ Transgression	v	-	-						_
Date of resignation/ Disciplinary case	finalised			-					
Award Sanction	· · · · · · · · · · · · · · · · · · ·							_	
Did you resign from your job on or af	ter 5 July 201	1	Yes		_	I A	No		
pending finalisation of the disciplinar			103			1 1	VU		
yes, provide details on a separate she									
				-					
G. CRIMINAL RECORD			-		-				
Were you convicted of a criminal offe	ance involvin		Yes			- N			
financial misconduct, fraud or corrup	tion on or aft	er 5	res			l N	io .		
July 2011? If yes, provide details on a									
If yes, type of criminal act	scholate 2116		_						
Date criminal case finalised									

H. REFERENCE				
Name of Referee	Relationship	Tel(office hours)	Cellphone Number	Email
		_		-

## I. DECLERATION

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: