

Advertised post applying for

Reference number

RAMOTSHERE MOILOA LOCAL MUNICIPALITY



P.O. Box 92, C/o President & Coetzee Street ZEERUST 2865

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

Fax : 018 - 642 2618/ 018 642 1175 Email : sec.admin@ramotshere.gov.za

: 018 - 642 1081 ext.276

CORPORATE SERVICES DIRECTORATE

APPLICATION FORM FOR EMPLOYMENT

- The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
 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 municipalities to expedite recruitment and selection processes
- 4. All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- This form is designed to assist municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000)

Name of the Municipality											
Notice service period											
PERSONAL DETAILS											
Surname											
First Names											
ID or Passport Number											
Gender	Male	Female			Female		1				
Race	African White Colour				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 a valid work Permit?				Yes	No			
Do you hold a professional membership with any professional body?	Yes	Yes No Name of professional body					Membership Number	Expiry date			
CONTACT DETAILS											
Telephone number during	()									
Mobile phone number											
Postal address											
						Code:					
Email Address											

QUALIFICATIO	NS (please elaborate or	n your (cv)										
Highest educat	ional qualification obtaine	∍d											
Name of the Sc		Highest Grade					Yea	ar Obtained					
Preferred langua	age of communication												
	qualification obtained												
Name of Institution Nam			ne of a qualific	NQF level				Year O	Year Obtained				
						-+							
						_				<u> </u>			
WORK EXPER	RIENCE (please elaborate	te on yo	our CV)										
		1		\blacksquare	_								
Employer (starting with the most recent)	ing with nost		From Year		Mo	To	Year		Reaso	Reason for leaving			
10001.5,													
					+		 						
				-	+		<u> </u>						
Have you been	Y RECORD n dismissed for misconduc	ct	Yes	Yes			No						
during the past	ten (10) years?		 										
	f Municipality/ Employer		<u> </u>										
	onduct/ Transgression ation/ Disciplinary case												
finalised/Dismis	ssal		 										
Award/ sanction		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								T			
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?			Yes					No					
		0) 0											
REFERENCES	(please elaborate on yo	our CV)											
Name of Referee	Relationship	Tel (of	office hours)	Ce	Cellphone Number E				Email				
				+									
		<u></u>											
DECLARATIO	·N												
											s to the best of my knowledge true and correct. I understand		
that any misre	presentation or failure to	disclose	e any ıntorm	nation n	nay lead	d to my	disqu	Jaliticat	tion or t	terminatio	on of my employment contract, if appointed.		
Signature:			Date:										