

102 Main Street,
Matatiele
P.O. Box 35,
Matatiele, 4730
Tel: 039 737 3135
Fax: 039 737 3611

APPLICATION FOR EMPLOYMENT FORM

CSD-19

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. The 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.
- 5. This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act NO.32 of 2000).

DETAILS OF THE	ADVER	TISED I	POST (as	s reflected in	the advert)			
Advertised post									
applying for									
Reference number									
Name of the									
Municipality									
Notice service									
period									
PERSONAL DETAI	LS								
Surname									
First Names									
ID or Passport									
Number				T					
Gender	Male			Female			T		
Race	African		White Coloured			Indian			
Do you have a	Yes	No	If yes, elaborate						
disability?									
Are you a South	Yes	No	If not, what is your						
African Citizen?			Natio	nality?					
			Do you have a valid work Permit?			Yes		No	
Do you hold a professional membership with any professional body?	Yes	No	Name	of profession	al body:	Memb Numb	ership er:	Expiry da	ate:

CONTACT DE	ETAILS										
Telephone number during office hours				()							
Mobile phone n	umber										
Postal Address											
						Code):				
Email Address											
Preferred langua	age of comm	unication									
LANGUAGE	READ	WRITE	SPE	AK	PROFICIENC			Y			
QUALIFICAT	IONS (pleas	e elaborate on yo	our CV)								
Highest Educati	onal qualifica	ation obtained									
Name of School	[Highest Grade:				Year	Year Obtained:			
Highest Tertiary	qualification	n obtained									
Name of Institut	Name Of qualification NQF le				level	evel Year obtained					
WORK EXPE	RIENCE (pl	ease elaborate on	your CV)								
Employer (starting with the most recent)	Post held		FROM T)		Reason for leaving			
				Month Year		Month Y					

DISCIPLINARY RECORD								
Have you been dismissed for misconduction past ten (10) years?	Yes			No				
If yes, Name of Municipality / Employe	er							
Type of a Misconduct/ Transgression								
Date of Resignation/ Disciplinary case f Dismissal	finalised/							
Award/ Sanction								
Have you ever been accused of an allege misconduct and resigned from your job finalisation of the disciplinary proceeding	Yes			N	No			
CRIMINAL RECORD								
Have you ever been convicted of any crin a court of law during the past ten (10)	ee	Yes			No			
If yes, type of criminal act					·	-1		
Date of criminal case finalised								
Outcome / Judgement								
May we conduct an ITC and Criminal C		Yes			No			
REFERENCES (please elaborate on y	your CV)							
Name of Relationship Referee	Relationship Tel (office h			ours) Cell-phone N			Email	
DECLERATION								
	.1 1	1.	1.	· 1				
I hereby declare that all the information thereof is to the best of my knowledge to disclose any information may lead to appointed.	rue and correc	ct. I ui	nders	stand that a	ny misi	inter	rpretation or fa	ailure
Signature:	Date:							