**PORT ST JOHNS MUNICIPALITY**

**APPLICATION FORM FOR SENIOR MANAGERS**

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| **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** 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 will be treated with strictly confidentiality and will not be used for 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)** |

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| 1. **DETAILS OF THE ADVERTISED POST ( as reflected in the advert)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Advertised post applying for | | | |  | | | | | | | | | | | | | | | | | | | | |
| Reference number | | | |  | | | | | | | | | | | | | | | | | | | | |
| Name of Municipality | | | |  | | | | | | | | | | | | | | | | | | | | |
| Notice Service Period | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **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 South Africa 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: | | | | | | | | | | | | |
| 1. **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred language for correspondence? | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number during office hours | | | |  | | | | | | | | | | | | | | | | | | | | |
| Preferred method for correspondence (mark with an x ) | | | | Post | | | | Email | | | | | | | | | | | | Fax | | | | |
| Correspondence contact details (in terms of above) | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **QUALIFICATIONS (Additional Information may be provided on your cv)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School/ Technical College | | | Highest Qualifications obtained | | | | | | | Year Obtained | | | | | | | | | | | | | | |
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| Name of Institution | | | Name of Qualification | | | | | | | NQF Level | | | | | | | | | | | Year Obtained | | | |
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| 1. **WORK EXPERIENCE ( Additional Information may be provided on your CV)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer( Starting with the most recent) | | | | Position | From | | | | | | To | | | | | | | | | | | | Reason for  leaving | |
| MM | | | | YY | | MM | | | | YY | | | | | | | |
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| 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 : | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **DISCIPLINARY RECORD** | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been dismissed for misconduct on or after 5 July 2011? If yes , Name of Municipality/ Institution : | | | | Yes | | | | | | | | | | | | | | | No | | | | | |
| Type of Misconduct / Transgression | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Resignation/ Disciplinary case finalized | | | |  | | | | | | | | | | | | | | | | | | | | |
| Award / Sanction | | | |  | | | | | | | | | | | | | | | | | | | | |
| Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet. | | | | Yes | | | | | | | | | | | | | No | | | | | | | |
| 1. **CRIMINAL RECORD** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 finalized | | | |  | | | | | | | | | | | | | | | | | | | | |
| Outcome/ Judgement | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **REFERENCE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Referee** | **Relationship** | **Tel (office hours)** | | | **Cellphone Number** | | | | | | | | | **Email** | | | | | | | | | | |
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| 1. **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | |