

# **MSUKALIGWA LOCA MUNICIPALITY**

Effective 01 January 2021

## **APPLICATION FOR EMPLOYMENT**



### WHAT IS THE PURPOSE OF THIS FORM

To assist a government **Msukaligwa Local Municipality** in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. You need to fill in all sections of this form completely, accurately and legibly. This will help to process your application fairly.

## WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

### ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

## **SPECIAL NOTES**

- 1 All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.
- $2\,-\,$  Passport number in the case of non-South Africans.
- 3 This information is required to enable the department to comply with the Employment Equity Act, 1998.
- 4 This information will only be taken into account if it directly relates to the requirements of the position.
- 5- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal information security and disciplinary code.
- 6- The applicant may submit additional information separately where the space provided is not sufficient.

A. THE ADVERTISED POST (All sections of this form are compulsory)											
Position for which you are applying (as advertised)	Department where the position was advertised										
Reference number (as stated in the advert)	If you are offered the position, when can you start OR how much notice must you serve with your current employer?										

Surname a	and Full names													
Date of Birth	DD/MM/YY	Identity Number Passport <sup>2</sup>	Number											
Race <sup>3</sup>	African	number White	Co	lour	od.				ndia			Other		
Gender <sup>3</sup>	Allicali	vviiite	CO	oui	eu				ema		Male			
									Yes		No			
Do you have a disability?  Are you a South African citizen?									Yes		No			
									163	•	INU			
If no, what is your nationality?									Yes			No		
Do you have a valid work permit? (only if non-South African)  Have you been convicted or found guilty of a criminal offence									Yes		1	No No		
(including an admission of guilt)? 5											1	140		
	vide the details)								Yes			No		
	ve any pending cr ovide the details)5	iminal case agai	nst yo	u?										
Have you ever been dismissed for misconduct from the Public Service? <sup>4</sup>									Yes	;	No			
If yes (pro	vide the details)6													
Do you have any pending disciplinary case against you? If yes, (provide the details)									Yes	1		No		
Have you resigned from a recent job pending any disciplinary									Yes	;		No		
proceeding	g against you? <sup>4</sup> ease note that the										1			
Have you been discharged or retired from the Public Service on grounds of Ill-health or on condition that your cannot be reemployed? <sup>4</sup>									Yes			No		
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? If yes, (provide the details)									Yes No				0	
In the event that you are employed in the Public Service, will you immediately relinquish such business interests?									Yes			No		
Please sp	ecify the total num	ber of years of e	xperie	nce	you	I		Private Sector Public Sector						
If your profession or occupation requires official registration, provide date and particulars of registration									Date Re					

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8- Each application for employment form m be duly signed and initialed by the application	CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS												
Failure to sign this form may lead disqualification of the application during	to	Preferred language for correspondence											
selection process.		Method	for Post			E-mail			Fax		Telephone		
		Contacterms of							1				
D. SOUTH AFRICAN OFFICIAL LA	ANGU	AGE PRO	FICIENCY	- state '	aood	l' 'fai	ir' or '	noor'					
D. GOOTH ALRICAN OFFICIAL LA			- IOILIOI	State	9000			(specify	)				
Charle									,				
Speak													
Write or read													
E. FORMAL QUALIFICATION <sup>7</sup> (fro	m hig	hest to th	ne lowest)										
Name of School/Technical College				Name of	qualif	icatio	n obta	ined		Year obtained			
Current study (institution and qualifi	cation	):											
F. WORK EXPERIENCE (Also atta	ach a d	detailed C	:V) <sup>6</sup>										
Employer (including current		ost held	From			То			ason for leav				
employer)				MM	Υ	Υ	MM	YY					
If you were proviously employed in	the Du	iblia Canii	a is there	200/ 200	lition	that r	rovent	a vour re		<u> </u>			
If you were previously employed in appointment							reveni	s your re	Ye	s No			
If yes, Provide the name of the prevnature of the condition.	nous e	mploying	departmen <sup>*</sup>	t and Indi	cate t	ine							
G. REFERENCES													
Name			Tel. No. (office ho					s)					
										<u>,                                      </u>			
DECLARATION													
I declare that all the information pro	vided	(including	any attach	ments) is	com	plete	and co	rrect to t	he best	of my knowle	edge. I	understand	
that any false information provided	will res	sult in my a	application		squali	tied o	r disciț	olinary ad	ction tak	en against m	e if I a	m appointed:	
Signature:				Date:									

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