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www.sarahbaartman.co.za



APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

TERMS AND CONDITION

- 1. The purpose of this form is to assist Sarah Baartman District Municipality panel with the recruitment, selection, and appointment of suitable candidates for senior managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No 32 of 2000)
- 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 any other purpose than to assess the suitability of the applicant.

A. DETAILS OF TH	IE ADVERTISED POS	T (as reflected	d in the adve	rt)	
Advertised post					
applying for					
Reference/					
notice number					
(if any)					
Name of					
Municipality					
Notice service					
period					
B. PERSONAL DET	ΓAILS				
Surname			Title:		
First Names					
ID or Passport					
Number					
Race	African		White	Coloured	Indian
Gender	Female		Male		·
Do you have	Yes		No		
disability?					
If yes elaborate					
Are you a South	Yes:		No:		
African citizen?					

If no, what is								
your Nationality								
Work Permit								
number (if any)								
Driver's License	Yes	No						
Marital Status	Married:		مام،			Divorced:	Wido	wed:
	W/Tel:	Single: H/Tel:		+	Number of		weu.	
Age:	vv/Tel.	II/ I	ei.			dependent		
Do you hold any p	olitical office in					dependent	•	
a political party, v								
permanent, temp								
capacity? If yes p	•							
information below								
Political Party:	Position:				Expi	ry date:		
Do you hold a pro						, ===		
membership with								
body? If yes, prov								
below								
Professional	Membership	Ехр	iry da	ate:				
Body:	Number:		•					
Preferred language correspondence		urc						
· · · · · · · · · · · · · · · · · · ·	_		Pos	+		E-mail		Fax
Preferred method for corresponden (Mark with X		ce Post			L-IIIaii		rax	
•	contact details (in							
terms of above)								
D OLIALIEICATIO	NS (Additional inf	Orma	tion	mav	he nr	ovided on v	our CV)	
D. QUALIFICATIONS (Additional information may be provided on your CV) Name of school / Technical College Highest Qualification Obtained Year Obtained								
Traine or serioory	Teermear conege	Tilgilest Qualification Obtained				Tear obtained		
								1
E. WORK EXPERII	NCE (Additional in	nforn	natio	n ma	y be	provided or	your CV	
Employer (startin	g with the most	Posit	ion	Fron	า	T	ō	Reason for leaving
recent)								

If you were previo	usly employed in Lo	te Yes	No				
whether any condi	ition exists that pre						
employment:							
If yes, provide the	name of the						
previous employin	g municipality						
F. DISCIPLINARY R	ECORDS						
Have you been dis	missed for miscond	duct on or before 05 July	/ Yes	No			
2011?							
If yes, Name of Mu	ınicipality / Institut	ion					
Type of a Miscond	uct / Transgression	1					
Date of Resignatio	n / Disciplinary cas	e finalized					
Award / Sanction							
Did you resign fror	n your job on or be	fore 05 July 2011					
pending finalizatio	pending finalization of the disciplinary proceedings, If yes,						
provide details on	a separate sheet						
				<u>.</u>			
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G. CRIMINAL RECO				<u> </u>			
•	ed of a criminal offe	-					
	•	tion on or after 5 July					
	de details on a sepa	arate sheet					
If yes, type of crim							
Date criminal case							
Outcome / Judgme	ent						
H. REFERENCE							
Name of Referee	Relationship	Tel(Office hours)	Cell Number	Email			
	'	,					
1							
1							
L	l .			l			
I.DECLARATION							
I hereby declare th	nat all the informat	ion provided in this app	lication and any	attachments in support			
thereof is to the b	est of my knowledg	ge true and correct. I ur	nderstand that ar	ny misrepresentation or			
failure to disclose	any information ma	ay lead to my disqualific	ation or termina	tion of my employment			
contract, if appoin	ted						
Signature:		Date:	Date:				