INGQUZA HILL LOCAL MUNICIPALITY

130 Main Street PO Box 14 Flagstaff 4810 Eastern Cape



66 Main Street PO Box 7 Lusikisiki 4820 Eastern Cape

Tel: (039) 253 1568/1096 Fax: (039) 253 1234

Tel: (039) 252 0131/61 Fax: (039) 252 0699

APPLICATION FOR EMPLOYMENT

TERMS AND CONDITIONS

- The application from is designed to assist Ingquza Hill Local Municipality to select suitable candidates for any advertised position
- 2. This form must be completed in full, accurately and legible. All substantial information relevant to a candidate must be provided in this form. Any additional information must be provided in a CV.
- 3. Additional information may be requested to shortlisted candidates to assist the municipality
- 4. All information received will be treated with confidentiality and will not be used for any other purpose other than to assist the municipality with recruitment and selection and appointment of Directors (Senior Managers)in terms of Local Government:

Municipal Systems Amendment Act No.	7 of 2011 and Regulation	s Gazette No. 37245 of 2	2014.	
A. DETAILS OF THE ADVERTISED POS	T (as reflected in the adve	ert)		
Position for which you are applying	for (as		7	
advertised)				
Reference Number				
Name of the Municipality		1000 No.		
Notice of service period				
B. PERSONAL DETAILS				
Surname				
First Names			4	
ID NO. or Passport Number		V. 1 V		
Race	African	Coloured Ind	ian White	
Gender	Female	Ma	Male	
Do you have Disability?		A		
If yes Elaborate	- M			
Do you hold any political office in a political	l party, wh <mark>ether in a pe</mark>	ermanent, temporal or a	acting	
capacity? If yes please provide information	ı below			
Political Party Position	٦	Exp	oiry date / /	
Do you hold any professional membership	with any professional I	body? If yes provide in	formation No	
Professional Body Membership	p Number	Exp	Expiry date / /	
C. CONTACT DETAILS	•	<u>.</u>		
Preferred language for correspondence				
Telephone during office hours				



Email: info@ihlm.gov.za | Website: www.ihlm.gov.za

Preferred method correspondence	(Mark with an X)	Post		En	nail	Fax	
Correspondence contact detai	ls (in terms of the						
·							
above) D. QUALIFICATION (additional inform	ation must be provi	 ded in vour	CV)				
Name of attended/ Technical Colle			Highest Qualification obtained Year Obtained				
Traine of attended/ recrimear cone		riigrioot	<u> </u>	- Cotanio	•	Todi Oblamou	
<u> </u>		NI	O I'f' t'			VOhtein-d	
Name of Tertiary Institution		Name of	Name of Qualification			Year Obtained	
E. WORK EXPERIENCE (additional	l information must b	oe provided	in your C\	/)			
Employer (starting with current or	Position	From		То		Reasons for leaving	
most recent)		MM	YY	MM YY		_	
		12					
		4		Sec. 30			
F. DISCIPLINARY RECORD							
Have you ever been dismissed for mis	conduct after July 2	2011?		Yes		No	
If yes, Name of the institution				-			
Type of misconduct / Transgression		-			7		
Date of resignation/ Disciplinary hearing	ng finalized	- fit					
Award/ Sanction							
Did you ever resign from or on or after	July 2011 pending	the finaliza	tion of the	of the disc	iplinary pro	oceeding if ves provide a details	
on a separate sheet	, , , , , , ,					3 7 1	
Yes		NO					
		7					
G. CRIMINAL RECORD							
Were you ever convicted of criminal of	fence involving finar	ncial misco	nduct, frau	d or Yes		No.	
corruption on or after July 2011? If Yes	s, provide detail on a	a separate	sheet				
If yes, type of criminal act				l .			
Date of criminal case finalized							
Outcomes/ Judgement							
	1						
H. REFERENCE							
Name of reference							
I, DECLARATION						UPHUHLISOL	
I, hereby declare that all in formation pr							
I, hereby declare that all the coal municipality true and correct. I understand that ar							
termination of my employment contract	•	ii oi iallule	เบ นเธยเบริย	any mior	mauun ma	iy icau to my uisqualilication of	
Signature:	л п арроппои.		Date:				
			Date.				