

INGQUZA HILL LOCAL MUNICIPALITY

130 Main Street
PO Box 14
Flagstaff
4810
Eastern Cape

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



INGQUZA HILL
LOCAL MUNICIPALITY

66 Main Street
PO Box 7
Lusikisiki
4820
Eastern Cape

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

APPLICATION FORM FOR EMPLOYMENT

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 fully, 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.
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).

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Reference number	
Name of Municipality	
Notice service period	

B. 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 a South African 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?	No
If yes, provide the information below.	
Political Party:	I Position:
I Expiry date:	
Do you hold a professional membership with any professional body? If yes, provide information below	No

Membership:

C. CONTACT DETAILS

Preferred language for correspondence?	
Telephone number during office hours	

Preferred method for correspondence (Mark with an X)	Post	Email
Correspondence contact details (in terms of above)		
D. QUALIFICATIONS (Additional information may be provided) E.		
Name of School / Technical College	Highest Qualification Obtained	Year Obtained
Name of Institution	Name of Qualification	NQF Level
		Year Obtained

F. WORK EXPERIENCE		Additional information may be provided on your CV			
Employer (starting with the most)	Position	From MM YY	To MM YY	Reason for leaving	
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 municipality you were an employee at:					

G. DISCIPLINARY RECORD	
Have you been dismissed for misconduct on or after 5 July 2011?	Yes No
If yes, Name of Municipality/ Institution:	
Type of a 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

H. CRIMINAL RECORD	
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes,	Yes No
If yes, type of criminal act	
Date criminal case finalized	
Outcome/ Judgment	

I. REFERENCES			
Name of Referee	Relationship	Tel. (Office Hours)	Cellphone Number Email

J. 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: _____

