

EXTERNAL APPLICATION FORM TERMS AND CONDITIONS

 This fadding adding All in 	 The purpose of this form is to assist the municipality in selecting candidates for an advertised post. 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. 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 						
COMPLETE THIS FORM							
POSIT	ION APPLIED FOR:						
DEPARTMENT:							
ΝΟΤΙΟ	E SERVICE PERIOD						
Α.	PERSONAL PARTICULARS:						
1.	Tittle and Surname (Mr. / Ms.): First names:						
2.	Postal Address:						
3.	Residential Address :						
4.	Telephone: (Home): (Work): (Cellphone):						
5.	Identity Number: Driver's License Code(s):						
6.	Email Address:						
7.	Race: (Tick Appropriate Box) AFRICAN COLOURED INDIAN						
8.	Gender: MALE FEMALE						
9.	Are you a South African Citizen?						
10.	Do you have a valid work permit:						
11.	Do you hold a professional membership with any professional body:						
	Name of professional body						
В.	SCHOOL EDUCATION:						
1.	Name of School:						
	Highest Standard:						
	#PLEASE ATTACH A COPY OF HIGHEST STANDARD CERTIFICATE TO APPLICATION.						
C. 1.	TERTIARY QUALIFICATION: Name of Institution: Year obtained:						
	Highest Degree/ Diploma/ Certificate obtained: NQF level:						
	#PLEASE ATTACH COPY OF DEGREE / DIPLOMA/CERTIFICATE TO APPLICATION						

D. LANGUAGE PROFICIENCY:

1. Prefe	· ·	English: Speak: Write: Read: red method for correspondence: S				Speak: Write: Read:		
E. 1.		IOUS EMPLOY	•	d				
	Name	of Employer	From	То	Job title at Employment	Job title Resign		Reason for Termination
F.	WOR		S (Indicate v	with *if may I	be contacted)			
	No.	Name	Addres		Tel		Occupat	
	1.							
	2.							
	3.							
G.	GENE	RAL						
1	. Do you	have any crimina	al record?	YES	NO			

2. Please provide particulars if you have been found guilty of any criminal offence:

		Please indicate if you have any disability:						
		Please specify						
н		DISCIPLINARY RECORD:						
	1.	Have you been dismissed for misconduct during the past ten (10) years:						
	2.	If yes, name of Organisation						
	3.	Type of misconduct / Transgression						
	4.	Date of resignation / Disciplinary case finalized / Dismissal:						
		Award / Sanction:						
	5	Have you been accused of an alleged misconduct and resigned from your job pending finalization of disciplinary proceedings?						
		I certify that the above particulars are to the best of my knowledge true and correct						
		SIGNATURE DATE:						
		# FAILURE TO ATTACH REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED						
		DECLARATION						
		I, hereby declare that all the information provided in this application form and my attachments in support thereof is to the best of my knowledge						
		true and correct. I understand that any misinterpretation or failure to disclose any information may lead to my disqualification or termination of my employment contract if appointed.						
		Signature: Date:						