



UMZIMKHULU LOCAL MUNICIPALITY

APPLICATION 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 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 municipality 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 THE ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Post Number	

B. PERSONAL DETAILS

Surname/Names					
ID or Passport				Date of birth	
Race	African	White	Coloured	Indian	
Gender ³			Female	Male	
Do you have a disability? ³			Yes	No	
If yes, specify					
Are you a South African citizen? Yes / No			If no, what is your nationality		
Work permit number (if any):					
Do you hold a professional membership with any professional body? If yes, provide information below:			Yes		No
Professional Body:	Membership Number:			Expiry date:	

C. CONTACT DETAILS

Preferred language for correspondence?			Contact No	
Preferred method for correspondence and details	Post	E-mail		Fax

D. QUALIFICATIONS (Additional information may be provided on your CV)

Name of School/ Technical College	Highest Qualification Obtained	Year Obtained
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Name of Tertiary Institution	Name of Qualification	NQF Level	Year Obtained

E1. CURRENT EMPLOYER & DESIGNATION/POSITION					
Employer name	Position	From		To	
		MM	YY	MM	YY

E2. ADDITIONAL WORK INFORMATION MUST BE PROVIDED ON YOUR CV		
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 previous employing institution/municipality:		

F. DISCIPLINARY RECORD		
Have you been charged/dismissed for misconduct?	Yes	No
If yes, Name of Municipality/Institution:		
Type of a Misconduct/ Transgression		

G. CRIMINAL RECORD		
Were you convicted of a criminal offence involving financial misconduct, fraud, or corruption?	Yes	No
If yes, type of criminal act		

H. REFERENCES				
Name of Referee	Relationship	Tel: Office hours	Cell Number	Email

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: