



PORT ST JOHNS MUNICIPALITY

APPLICATION FORM FOR EMPLOYMENT

1. The purpose of this form is to assist the Port St Johns 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 the municipality to expedite recruitment and selection processes.
4. All information received will be treated with strictly confidentiality and will not be used for 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 staff members in terms 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					
Gender	Male		Female		
Race	African	Coloured		Indian	White
Do you have a disability?	Yes	No	If yes elaborate		
Are you a South African citizen?	Yes	No	If not, what is your nationality?		
			Do you have a valid work permit?		Yes
Do you hold a professional membership with any professional body?	Yes	No	Name of professional body.	Membership number	Expiry date

C. CONTACT DETAILS	
Telephone during office hours	()
Mobile phone number	
Postal address	
	Code
Email address	
Preferred language of communication	

D. QUALIFICATIONS						
Highest tertiary qualification obtained.						
Name of the school	Highest Grade Year Obtained					
Highest tertiary qualification obtained						
Name of institution	Name of qualification NQF level Year obtained					
E. WORK EXPERIENCE (Additional Information may be provided on your CV)						
Employer starting with the most recent	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	
F. DISCIPLINARY RECORD						
Have you been dismissed for misconduct during the past ten years?		Yes		No		
If yes, Name of Municipality/Employer						
Type of a Misconduct / Transgression						
Date of resignation, disciplinary case finalized/Dismissal.						
Award sanction						
Have you been accused of an alleged misconduct and resigned and resigned from your job pending finalization of the disciplinary proceedings.		Yes			No	

G. CRIMINAL RECORD				
Have you been convicted of any criminal offence in a court of law during the past ten (10) years?		Yes		No
If yes, type of criminal act				
Date criminal case finalized				
Outcome/ Judgement				
H. REFERENCE				
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email
I. 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	