



City Hall
P O Box 176/86 High Street
Grahamstown
Tel: 046 603 6103
Fax: 046 622 9488

website: www.makana.gov.za

APPLICATION FORM FOR EMPLOYMENT FOR SENIOR MANAGERS

TERMS AND CONDITION

- 1. The purpose of this form is to assist Makana municipality panel with the recruitment, selection, and appointment of suitable candidates for senior managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No 32 of 2000)
- 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 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.

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)						
Advertised post						
applying for						
Reference						
number (if any)						
Name of						
Municipality						
Notice service						
period						
B. PERSONAL DET	TAILS					
Surname		Title:				
First Names						
ID or Passport						
Number						
Race	African	White	Coloured	Indian		
Gender	Female	Male				
Do you have	Yes	No				
disability?						
If yes elaborate						
Are you a South	Yes:	No:				
African citizen?						

If no, what is									
your Nationality									
Work Permit									
number (if any)									
Driver's License	Yes	No							
Marital Status	Married:	Sin	gle:			Divorced	:	Widov	ved:
Age:	W/Tel:	Н/1	Геl:			Number	of	Cell:	
						depende	nt:		
Do you hold any p	Do you hold any political office in						J		
a political party, v	vhether in a								
permanent, temp	orary or acting								
capacity? If yes p	rovide								
information below	V								
Political Party:	Position:				Exp	iry date:			
Do you hold a pro	ofessional								
membership with	any professional								
body? If yes, prov	ride information								
below									
Professional	Membership	Exp	iry d	ate:					
Body:	Number:								
C. CONTACT DETA	AII C								
Preferred language									
correspondence	5C 101								
·	er during office ho	ours							
•	Telephone number during office hours Preferred method for correspondence Post E-mail Fax						Fax		
(Mark with X							. 3.71		
•	contact details (in								
Correspondence contact details (in terms of above)									
D. QUALIFICATIONS (Additional information may be provided on your CV)									
Name of school / Technical College			Highest Qualification Obtained				Year Obtained		
E. WORK EXPERIENCE (Additional information may be provided on your CV									
Employer(starting with the most Position From To Reason for leaving									
recent)									
-									
L									1

If you were previo	usly employed in L	e Yes	No		
whether any cond	tion exists that pre				
employment:					
If yes, provide the	name of the				
previous employin	g municipality				
F. DISCIPLINARY R	ECORDS				
Have you been dis	missed for miscond	duct on or befo	ore 05 July	Yes	No
2011?					
If yes, Name of Mu	ınicipality / Institut	tion			
Type of a Miscond	uct / Transgressior	١			
Date of Resignatio	n / Disciplinary cas	e finalized			
Award / Sanction					
Did you resign fror	n your job on or be	efore 05 July 20	011		
pending finalizatio	n of the disciplinar	y proceedings,	, If yes,		
provide details on	a separate sheet				
				•	<u>.</u>
C CDIMINIAL DECC	NDD				
G. CRIMINAL RECO					1
Were you convicte		_			
financial miscondu	•		er 5 July		
2011? If yes, provi		arate sneet			
If yes, type of crim					
Date criminal case					
Outcome / Judgme	ent				
H. REFERENCE					
Name of Referee	Relationship	Tel(Office	hours)	Cell Number	Email
		,			
I.DECLARATION					
I hereby declare th	at all the informat	ion provided ir	n this appl	ication and any a	attachments in support
thereof is to the be	est of my knowled	ge true and co	rrect. I und	derstand that an	y misrepresentation or
failure to disclose	any information m	ay lead to my o	disqualifica	ation or termina	tion of my employment
contract, if appoin	ted				
Signature:		Date:	Date:		