



**APPLICATION FOR EMPLOYMENT FORM**

**CSD-19**

1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
2. The 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 shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
5. This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the Municipal Systems Act, 2000 (Act NO.32 of 2000).

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

Advertised post applying for					
Reference number					
Name of the Municipality					
Notice service period					
<b>PERSONAL DETAILS</b>					
Surname					
First Names					
ID or Passport Number					
Gender	Male		Female		
Race	African	White	Coloured	Indian	
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	No
Do you hold a professional membership with	Yes	No	Name of professional body:	Membership Number:	Expiry date:

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# MATATIELE

LOCAL MUNICIPALITY

102 Main Street,  
Matatiele  
P.O. Box 35,  
Matatiele, 4730  
Tel: 039 737 3135  
Fax: 039 737 3611

any professional body?					
<b>CONTACT DETAILS</b>					
Telephone number during office hours			(    )		
Mobile phone number					
Postal Address					
				Code:	
Email Address					
Preferred language of communication					
<b>LANGUAGE</b>	<b>READ</b>	<b>WRITE</b>	<b>SPEAK</b>	<b>PROFICIENCY</b>	

<b>QUALIFICATIONS (please elaborate on your CV)</b>			
Highest Educational qualification obtained			
Name of School		Highest Grade:	Year Obtained:
Highest Tertiary qualification obtained			
Name of Institution		Name Of qualification	NQF level
			Year obtained

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Electrical Services: 079 522 9770 Prepaid Sales: 079 523 322 Finance Office: 039 737 3565 Disaster and Fire: 039-2560610/079 523 2223

Police(SAPS): 039-7379904/9905 Water: 082 520 1476 Ambulance: 10177 Traffic: 079 522 9774



<b>WORK EXPERIENCE (please elaborate on your CV)</b>						
Employer (starting with the most recent)	Post held	FROM		TO		Reason for leaving
		Month	Year	Month	Year	

<b>DISCIPLINARY RECORD</b>				
Have you been dismissed for misconduct during the past ten (10) years?	Yes		No	
If yes, Name of Municipality / Employer				
Type of a Misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalised/ Dismissal				
Award/ Sanction				
Have you ever been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

<b>CRIMINAL RECORD</b>				
Have you ever 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 of criminal case finalised				

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Outcome / Judgement				
May we conduct an ITC and Criminal Check	Yes		No	

<b>REFERENCES (please elaborate on your CV)</b>				
Name of Referee	Relationship	Tel (office hours)	Cell-phone Number	Email

<b>DECLARATION</b>	
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 misinterpretation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.	
Signature:	Date:

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