



## FEZILE DABI DISTRICT MUNICIPALITY

John Vorster Road  
P.O. Box 10 | Sasolburg | 1947  
Tel: 016 970 8600 | Fax: 016 970 8733  
Web Address: www.feziledabi.gov.za

### APPLICATION FORM FOR EMPLOYMENT: SENIOR MANAGERS

#### TERMS AND CONDITIONS

- The purpose of this form is to assist a municipality in selecting suitable 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.
- Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- This form is designed to assist the municipality with recruitment, selection and appointment of senior managers in terms of 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 the Municipality	
Notice service period	

B. PERSONAL DETAILS							
Surname							
First names							
ID number or Passport number							
Race	African		Coloured		Indian		White
Gender						Female	Male
Do you have a disability?						Yes	No
If yes, elaborate							
Are you a South African Citizen?						Yes	No
If no, what is your Nationality?							
Work Permit Number (if any)							
Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide information below.						Yes	No
Political Party:		Position:		Expiry date:			
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			
Telephone number during office hours			
Preferred method of correspondence (Mark with an X)	Post	E-mail	Fax
Correspondence contact details			

D. QUALIFICATIONS (Additional information may be provided on your CV)			
Name of School/ Technical College	Highest qualification obtained	Year 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)	Position	From		To		Reason for leaving	
		MM	YY	MM	YY		
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 Municipality							

**F. DISCIPLINARY RECORD**

Have you been dismissed for misconduct on or after 5 July 2011?		Yes	No
If yes, Name of the Municipality/Institution:			
Type of Misconduct / Transgression			
Date of resignation / Disciplinary case finalized			
Award / Sanction			
Did you resign from your job on or after 5 July 2011 pending finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.		Yes	No

**G. CRIMINAL RECORD**

Were you convicted of a criminal offence involving misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on a separate sheet.		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	E-mail

**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
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