



# Lekwa Local Municipality

## APPLICATION FORM FOR EMPLOYMENT

### Please note:

- This form must be completed legibly by the applicant in his/her own hand-writing.
- A separate application form must be used for each vacancy.
- Canvassing for appointment will disqualify an applicant.
- No original certificates or CV's should be attached to this form, but certified copies thereof must be attached.
- Successful applicants will be required to produce original documents, including the ID document and educational qualifications for certification purposes.
- Incomplete or late applications will not be considered.
- Applicants must meet the minimum requirements indicated in the advertisement before lodging an application.
- All information received shall be treated with confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
- 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)

A. POST APPLIED FOR :				
1. Post Designation				
2. Reference Number				
3. Department				
4. Permanent, Temporary, Contract				
5. Notice of Service Period				
B. PERSONAL PARTICULARS				
1. (i) Surname	Title			
(ii) First Name(s)				
(iii) Maiden Name	(iv) Identity Number			
	(v) Are you a South African citizen?			
	Yes	No		
	If not a South African citizen- Do you have a permanent residence permit?	No		
(vi) Nationality				
2. (i) Gender	Male	Female		
(ii) Race	African	Coloured	Indian	white
	other	specify		
3. Residential Address				
Code				
4. Telephone Number	Cell phone number			
5. Facsimile				
6. Email address				
7. Date of birth				
8. Do you have the disability?	Yes	No		
9. Preferred Language of Communication				
10.				
D. CURRENT EMPLOYMENT				
1. Name and Address of current Employer :				
	Code			
2. Date of Appointment:	Position held:			

3. Salary Scale:						
4. Present Annual Earnings (Excluding allowances):						
<b>E. QUALIFICATIONS (please elaborate on your CV)</b>						
<b>Note:</b> Certified copies of all educational certificates must be submitted. If not indicated on certificate(s), list(s) of all subject credits must be furnished.						
1. Name of School / Technical College	Highest qualification obtained	NQF level	Year obtained			
Tertiary Education (complete for each qualification obtained)						
Name of Institution	Name of Qualification		Year obtained			
Current study (institution and qualification)						
<b>F. MEMBERSHIP OF PROFESSIONAL BODIES, IF APPLICABLE</b>						
Institution/Society		Commencement Year				
Type of Membership e.g. Associate/Fellow		Expiry Date				
<b>G. WORK EXPERIENCE (Starting with the most recent)</b>						
Employer	Position held	From	To		Reason for leaving	
		MM	YY	MM		YY
If you were previously employed in the local government sector, indicate whether any condition exists that prevents your re-employment.					<b>Yes</b>	<b>No</b>
If yes, provide the name of the previous employing Municipality.						
<b>H. DISCIPLINARY RECORD</b>						
Have you been dismissed from the past 10 years?					<b>Yes</b>	<b>No</b>
If yes name of the municipality or the employer						
Type of misconduct or transgression						
Date of resignation/ Disciplinary case finalized/ dismissal award or sanction						
Have you been accused of alleged misconduct and resigned from your job pending finalization of the finalisation the disciplinary proceedings?					<b>Yes</b>	<b>No</b>
<b>I. CRIMINAL RECORD</b>						
Have you been convicted of any criminal offence in a court of law during the past 10 years if yes						
Type of criminal act						
Date criminal case finalized						
Outcome or Judgement						
Are you conducting any business with the state or a director of a public or private company? if yes provide details						

Do you have any comorbidities?		Yes		No	
If yes please specify					
Please specify the total number of years of experience you have					
If your profession or occupation requires official registration, provide date and registration number.				Date	Reg. no
<b>K. REFERENCES</b>					
Indicate details of three (3) persons who may be approached for information on your personal qualities and suitability for the post. Please ensure that complete particulars are furnished. Referees will be contacted prior to finalisation of appointment.					
Name of Referee	Relationship	Telephone Number work	Cell Phone	Email Address	
<b>L. DECLARATION</b>					
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.					
Signature:			Date:		

1 – This information is required to enable the Municipality to comply with the Employment Equity Act, 1998.

2 – This information will only be taken into account if it directly relates to the requirements of the position.