

## CITY OF POLOKWANE APPLICATION FORM FOR EMPLOYMENT (POLOKWANE LOCAL MUNICIPALITY IS AN EQUAL-OPPORTUNITY EMPLOYER)

- 1. The purpose of this form is to assist the City of Polokwane in selecting suitable candidates for advertised posts.
- 2. No applications will be accepted after the stipulated closing date.
- 3. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided on this form. Any additional information may be provided on a CV.
- 4. Candidates who are shortlisted for interviews may be requested to furnish additional information that will assist the City of Polokwane to expedite recruitment and selection processes.
- 5. All information received will be treated with strict confidentiality and will not be used for any other purpose other than to assess the suitability of the applicant.
- 6. This form is designed to assist the City of Polokwane with recruitment, selection and appointment of suitable candidates in terms of the Local Government: Municipal Systems Act, 2000 (Act No.32 of 2000).

A. DETAILS OF ADVERTISED POST (as reflected in advertisement)									
Advertised post being applied for									
Reference number									
Notice service period									
B. PERSONAL DETAILS									
Surname									
First name(s)									
ID 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 a professional membership with any professional body? If yes, provide the information below.  No									
Professional body	Membership number		Expiry date						
C. CONTACT DETAILS									
Preferred language of correspondence									
Contact numbers	Cell phone		Alternative number						
Email address (if applicable)									
Residential address									
Postal address (if different)									
D. DRIVER'S LICENCE(S)									
License code(s) (eg C1, EB, etc)									
Expiry date of licence(s)									
Do you have a PDP?			Yes	No					
If yes, indicate the expiry date of the PDP.									

E. QUALIFICATIONS (Ad	ditional information	on may be p	rovided on y	our CV.)			
Highest school qualification(grade) completed	Name of school/training institution			Year that qualification was completed			
Highest tertiary/technical qualification obtained	Name of institution			NQF level		Year obtained	
F. WORK EXPERIENCE (A	Additional informa	tion may be	provided on	your CV.)			
Are you currently employed?		Yes		No			
If yes, supply the name of your of andthe period of employment.	current employer						
If currently a City of Polokwane	employee, provide						
your designation and pay number.						Г	
Other employers	Position	From		То		December lessing	
(start with the most recent)		ММ	YY	MM	YY	Reason for leaving	
If you were previously employed in local government, indicate whether any condition exists that prevents your re-employment.						No	
If yes, provide the name of the p municipalitywhere you were en							
G. DISCIPLINARY RECOR							
Have you ever been dismissed for misconduct during the past ten (10) years?						No	
If yes, indicate the name of the municipality/institution.							
Type of misconduct/transgression							
Date of resignation/disciplinary	case finalised						
Award/sanction							
Did you resign from your job pending finalisation of the disciplinary proceedings? If yes, provide details on a separate page.					Yes No		
H. CRIMINAL RECORD				L			
Were you ever convicted of a criminal offence involving financial misconduct, fraud or corruption? If yes, provide details on a separate page.						No	
If yes, provide the type		<b>,</b>					
ofcriminal act  Date that criminal case							
wasfinalised							
Outcome/judgement							
I. REFERENCE	T	T		T		T	
Name of referee	Relationship	Telephone no hours)	umber (office	Cell phone	number	Email address	
J. DECLARATION	<u>I</u>	1		<u> </u>		<u>I</u>	
I hereby declare that all the information provided in this application and any attachments in support thereof are to the best of my knowledge							
true and correct. I understand			ire to disclose	any informa	ntion may lead	to my disqualification or the	
termination of my employment contract, if appointed.  Signature							
· ·				Date			



