

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		I		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. Yes No						
Professional body (e.g. SACE, HPCSA, SAMRA, LIASA, PRISA, SATSA, C4CSA, SAITP, SANC, SABAR etc.) – NB: NOT POLITICAL PARTIES						iry date
C. CONTACT DETAILS						
Preferred language of correspondence						
Contact numbers	Cell phone			Alternative number		
Email address (if applicable)					1	
Residential address						
Postal address (if different)						
D. DRIVER'S LICENCE(S)						
License code(s) (e.g. 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 (Additional information may be provided on your 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 (Additional information may be provided on your CV.)								
Are you currently employed?	Are you currently employed?				Yes No			
If yes, supply the name of your current employer and the period of employment.								
If currently a City of Polokwar your designation and pay number	If currently a City of Polokwane employee, provide your designation and pay number.							
Other employers (start with the most recent)	Position	From		То				
		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.				Yes		No		
If yes, provide the name of the previous municipality where you were employed.								
G. DISCIPLINARY RECOR								
Have you ever been dismissed for misconduct during the past ten (10) years?				Yes No		No		
If yes, indicate the name of the	If yes, indicate the name of the municipality/institution.							
Type of misconduct/transgression	on							
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								
Were you ever convicted of a criminal offence involving financial misconduct, fraud or corruption? If yes, provide details on a separate page.				Yes		No		
If yes, provide the type of criminal act								
Date that criminal case was finalised								
Outcome/judgement								
I. REFERENCE								
Name of referee	Relationship	Telephone nu	ımber (office	Cell phone	number	Email address		

. DECLARATION							
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 that any misrepresentation or failure to disclose any information may lead to my disqualification or the termination of my employment contract, if appointed.							
Signature		Date					



