



Tel: Administrative Office (053) 994 9400  
 Fax:Administrative Office (053) 994 3917  
 Tel: Political Office (053) 994 9600  
 Fax:Political Office (053) 994 9611  
 Website: [www.gtlim.gov.za](http://www.gtlim.gov.za)

Postal Address:  
 Private Bag X1048,  
 Taung Station, 8580

Physical Address:  
 Station Street,  
 Taung, 8580

**APPLICATION FORM FOR EMPLOYMENT**

**TERMS AND CONDITIONS**

1. The purpose of this form is to assist municipality in selecting suitable candidate for an advertised post.
2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any other additional information may be provided on the CV.
3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipality to expedite recruitment and selection processes.
4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
5. This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of the local Government: Municipal System Act, 2000 (Act no 32 of 2000).

<b>A. DETAILS OF THE ADVERTISED POST</b> (as reflected in the advert)				
Advertised post applying for				
Reference number				
Name of Municipality				
Notice service period				
<b>B. PERSONAL DETAILS</b>				
Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male
			Yes	No
Do you have a disability?				
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 political party, whether in a permanent, temporary or acting capacity? If yes, provide information below.				No
Political Party:	Position	Expiry date:		
Do you hold a professional membership with any professional body? If yes, provide information below				No
Yes				
Professional Body:	Membership Number	Expiry date:		
<b>C. CONTACT DETAILS</b>				
Preferred language for correspondence?				
Telephone number during office hours				
Preferred method for correspondence (Mark with	Post	E-mail		Fax



## Continuation Page

an X)			
Correspondence contact details (in terms of above)			

<b>D. QUALIFICATIONS</b> (Additional information may be provided on applicant's CV)			
Name of School / Technical College	Highest Qualification Obtained	Year Obtained	
Name of Institution	Name of Qualification	NQF Level	Year Obtained

<b>E. WORK EXPERIENCE</b> (Additional information may be provided on applicant's CV)						
Employer (starting with the most recent)	Position	From		To		Reasons 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						

<b>F. DISCIPLINARY RECORD</b>		
Have you been dismissed for misconduct on or after 5 July 2011?	Yes	No
If yes, Name of Municipality / Institution:		
Type of a Misconduct / Transgression		
Date of Resignation / Disciplinary case finalised		
Award / Sanction		
Did you resign from your job on or after 5 July 2011 pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet.	Yes	No

<b>G. CRIMINAL RECORD</b>		
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If yes, provide details on separate sheet.	Yes	No
If yes, type of criminal act		
Date criminal case finalized		
Outcome / Judgment		



## Continuation Page

**H.REFERENCE**

Name of Referee	Relationship	Tel (office hours	Cell Number	Email

**i. DECLARATION**

I hereby declare that all 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:**