

WEST COAST DISTRICT MUNICIPALITY



APPLICATION FORM FOR EMPLOYMENT

1. The purpose of this form is to assist a municipality in selecting suitable candidates 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 additional information may be provided on the CV.
3. Candidates shortlisted for interview may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
4. All information received shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
5. The information will be retained for a minimum period of (3) months for unsuccessful candidates and (5) years after retirement for the successful candidates.
6. This form is designed to assist municipality with the recruitment, selection, and appointment staff members in terms of the Municipal Systems Act, 2000 (Act No.32 of 2000)

DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertise post applying for	
Reference number	
Name of the Municipality	WEST COAST DISTRICT MUNICIPALITY
Notice service period	

PERSONAL DETAILS

Surname						
First Names						
ID or Passport Number						
Gender	Male		Female		Age	
Do you have a disability?	Yes	No	If yes, elaborate			
Are you a South African Citizen?	Yes	No	If not, what is your nationality			
			Do you have a valid work Permit			
Do you have a professional membership with any professional body?	Yes	No	Name of professional body		Membership Number	Expiry date

INCOME TAX NUMBER:

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CONTACT DETAILS			
Telephone number during office hours		()	
Mobile phone number			
Postal address			
			Code:
Email address			
Preferred language of communication			

QUALIFICATIONS (please elaborate on your CV) <u>Please attach Certified Copies</u>			
Highest educational qualification obtained			
Name of the School	Highest Grade	Year obtained	
Highest tertiary qualification obtained			
Name of institution	Name of a qualification	NQF level	Year obtained

WORK EXPERIENCE (please elaborate on your CV)						
Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	

DRIVERS LICENCE: <u>Please attach Certified Copies</u>						
Indicate your drivers licence in the schedule below.						
Motorcycle <125cc	Motorcycle > 125cc	Light vehicle		Heavy Vehicle >16000 kg	Extra heavy vehicle	
Code A1	Code A	Code B	Code EB	Code C	Code EC	Code EC1
Learner Drivers licence:						
Drivers licence number:						

DISCIPLINARY RECORD				
Have you been dismissed for misconducted during the past ten (10) years?	Yes		No	
If yes, Name of Municipality/ Employer				
Type of Misconduct/ Transgression				
Date of Resignation/ Disciplinary case finalised/ Dismissal				
Award/ Sanction				
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No	

CRIMINAL RECORD				
Have you been convicted of any criminal offence in a court of law during the past ten (10) years	Yes		No	
If yes, type of criminal act				
Date criminal case finalised				
Outcome/ Judgement				

REFERENCES (please elaborate on your CV)				
Name of Referee	Relationship	Tel (office hours)	Cell phone Number	Email

CHECKLIST: Copies of the following documents must be attached hereto. <u>Mark appropriate block with an X.</u>	
Identity document	
School certificate & Proof of qualifications	
Curriculum Vitae (CV)	
Drivers licence	
Income Tax No.	
Confirmation of income (Latest Payslip)	

DECLARATION:	
<i>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.</i> <i>I hereby authorise and give consent to West Coast District Municipality to collect, process, store and distribute my personal information where required to do so, solely in respect of this application, and to dispose of such personal information as required by law, on the understanding that the Municipality:</i> - implements reasonable security safeguards designed to protect personal data from loss, misuse, alteration, destruction, or damage; and - takes steps to limit access to personal data to those officials who need to have access to it. <i>I hereby declare that if I indicate any false statements in the Application Form and or fail to attach all relevant documents as requested in the Application Form, my application is void and will not be considered further by West Coast District Municipality.</i>	
Signature:	Date: