



PRINCESS MAGOGO BUILDING, 39 Victoria Street, Dundee 3000, P.O Box 1965, Tel: 034 219 1500, Fax: 034 218 1940 e-mai:rc3@umzinyathi.gov.za

Ref: Application form of employment in UDM

## **APPLICATION FOR EMPLOYMENT**

A. DETAILS OF THE ADVERTISED POST (AS REFLECTED IN THE ADVERTISEMENT)

Post applied for							
Post Reference number							
Department (in which post is based)							
Closing date for applications							
		TERMS AND CONDITIONS					
1	The purpose of this form is to assist the municipality in selecting suitable candidates for the advertised post						
2	This form must be completed in full, accurately, and legibly. All substantial information relevant must be provided on this form. Any additional information may be provided on the CV						
3	Candidates shortlisted for interviews may be requested to furnish additional information that will assist the municipality in expediting recruitment, selection, and screening processes						
4	All information received will be treated with strict confidentiality and will not be used for any purpose other than to assess the suitability of the candidate for the position applied for.						
5	This form is designed to assist the municipality with the recruitment, selection, and appointment of employee(s) in terms of the UDM Recruitment policy						
6	Signing of this form binds the applicant to these terms and conditions, the relevant legislative requirements, and the applicable regulations, as well as relevant municipal policies on recruitment of staff (copies of these policies will be made available on request)						

B. PERSONAL INFORMATION								
SURNAME								
FIRST NAMES IDENTITY OR PASSPORT NUMBER (attach a certified copy)								
RACE (For statistical purpose)	A	African	Colored	India	an	White		
GENDER		Male	Female					
Do you have a disability?		Yes	No	If <u>YES</u> , 6	, elaborate			
Are you a SA Citizen		YES	NO	If <u>NO</u> , w	O, what is your			
Work Permit number (if any)				Tiationa	iicy:			
Do you hold a professional membership with any professional body? If yes, provide information below								
Professional Body:	N	1embershi <sub>l</sub>	o No:		Expiry Date:			
C. CONTACT DETAILS								
Preferred language for correspondence								
Telephone number during office hours								
Preferred method for correspondence (mark with X)					Pos	t	email	fax
Correspondence contact details (in terms of above)								
D. EDUCATIONAL QUALIFICATIONS	(ADDITI	IONAL INI	FORMATION	I MAY BE	PROV	IDED O	N YOUR CV)	
Name of School / Technical College								
Highest Qualification obtained								
Year obtained	-							
Name of institution		Name of qualification			NQF	NQF level Year obtained		r obtained

E. WORK EXPERIENCE	(ADDITIONAL INFO	DRMATION M	AY BE PR	OVIDED O	N YOU CV)		
Employer (Starting with the most	Position	From		То			
recent)		MM	YY	ММ	YY	Reason for leaving	
If you were proviously or	mployed in Local Cov	ornment indic	ata whath	or any cond	ition ovists that		
If you were previously er prevents your re-employ	YES	NO					
If <u>YES</u> , provide the name municipality	of the previous emplo	oying					
F. DISCIPLINARY RECO	RD						
Have you been dismissed	Yes	No					
If <u>YES</u> , Name of Municipa							
Type of Misconduct / Trai	nsgression						
Date of resignation / Disc	ciplinary case finalized	l					
Award / Sanction							
Did you resign from your j If <u>YES</u> , provide details on	Yes	No					
G. CRIMINAL RECORD							

<b>-</b>										
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption? If yes, provide details on a separate sheet.										
If <u>YES</u> , type of criminal act										
Date criminal case finalized										
Outcome / Judgment										
H. REFERENCE										
NAME OF REFREEE RELATION		ONSHIP	TELEPHONE (office hours)	CELL F	PHONE	EMAIL				
			I. DECLARATION							
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.										
SIGNATURE			DA	TE						