DR KENNETH KAUNDA DISTRICT MUNICIPALITY APPLICATION FOR EMPLOYMENT

					T	ER	MS A	ND (ND CONDITIONS								
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 Curriculum Vitae (CV)													n.			
3.	Candidates short-listed for interviews may be requested to furnish additional information that will assist the municipality to expedite recruitment and selection processes.														ment		
4.	All information received will be treated with strict confidentiality and will not be used for any other purpose to assess the suitability of applicant.														suitability of the		
5.	This form is designed to assist municipalities with the recruitment, selection and appointment of Senior Managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No 32 of 2000)																
Α	DETAILS OF THE ADVERTISED POST (As reflected in the advert)																
		_				_											
Advertised post applying for										-		6/		-			
												- 1	•				
Reference Number									7	-	,					17.	
Name of Municipality																7	
	Hame of Mullicipality																
						$\overline{}$						_					
Notice services period																	
B PERSONAL DETAILS																	
													·				
Surname																	<u> </u>
First Names									3	-							
																R.A.	
Identity Number											\perp						
Ge	nder	Male	F	emale		Ra	се	Afric	can		Cole	oured	T	Indian	П	White	
						_								L			
Do you have a disability? YES NO										ou a Sout in Citizen		YES		NO			
If YES, elaborate.											If NO , Nation	What is y ality?	our				
											Work (If Any	Permit N	umber?				
									-						18.11		
									DR. KENNETH KAUNDA								
													KA	NUN	NDA 🦹		

DISTRICT MUNICIPALITY

DR KENNETH KAUNDA DISTRICT MUNICIPALITY												
Do you hold any political off temp	fice in a Political Part orary or acting positi		permanent,			YES	6	NO				
Political Party												
Position			Expiry Dat	e								
Do you hold a professional r	nembership with any vide information belo				YES		NO					
Professional Body?		77										
Membership Number	N. A.		Expiry Date									
C CONTACT DETAILS												
Preferred Language of Correspondence?												
Contact Number during of	office hours?				M							
	an "X"											
Preferred method of Cor	POS	т		E-MAIL FAX								
Correspondence conta (In terms of abo						7	2					
D QUALIFICATIONS (Additional information may be provided on your CV)												
Name of ochool/recin	ilical college	Highest Qualification Obtained					Year Obtained					
		<u> </u>										
Name of Instit	ution	Name of Qualification					NQF Level	Year Obtained				
E WORK EXPERIENCE (Additional information may be provided on your CV)												
Employer Starting with the most Rec	sition	FF MM	YY	TO MM YY		Reaso	on for Leaving					
	•					•						
				- 1								

DR KENNETH KAUNDA DISTRICT MUNICIPALITY													
If you were previously em condition exi	ployed in Local Governme ists that prevents your re-e	nt, indicate whethe mployment	any	YES		NO							
If Yes, provide Name the Name of the Previous Employing Municipality													
F DISCIPLINARY RECORD													
DIOON ENAME NEODID													
Have you been dismissed for misconduct on or after 05 July 2011?													
If Yes, provide Name Institu													
Type of Misconduct	/Transgression												
Date of Resig	nation/Disciplinary Case F	inalised											
Award/Sar	nction	\$1.											
Did you resign from your jo	b on or after 05 July 2011, disciplinary proceedings?	pending finalisatior	of the	YES		NO							
If YES,	provide details on a separ	ate sheet.											
G CRIMINAL RECORD													
Where you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 05 July 2011? If YES, provide details on separate sheet.													
If YES, type of Cr	riminal Act?				TAT								
Date Criminal Cas	e Finalised?				777								
Outcome/Jud	lgement					7 %							
H REFERENCE													
"		Contact Num			1								
Name of Referee	Relationship	(Office Hour		Relationship		E-Mail							
					,								
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 misrepresentations or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.													
Signature		Da	te										