## DR KENNETH KAUNDA DISTRICT MUNICIPALITY

## **APPLICATION FOR EMPLOYMENT**

		TERMS AND	CONDITIC	NS						
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)									
3.	Candidates short-listed for interviews may be requested to furnish additional information that will assist the municipality 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 to assess the suitability of the applicant.									
5.	This form is designed to assist municipalities with the recruitment, selection and appointment of staff members 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)									
Ad	vertised post applying for	2(								
Re	ference Number		••							
Name of Municipality										
No	tice services period									
			54							
В	B PERSONAL DETAILS									
Su	Surname									
						-				
Fir	st Names									
lde	entity Number / Passport number									
Ge	nder Male Female F	Race African	Coloui	red	Indian	White				
Do y	you have a disability? YES	NO	Are you a	a South Citizen?	YES	NO				
If Y	YES, elaborate.		If <b>NO</b> , Wh Nationalit	nat is your y?						
			Work Per (If Any)	rmit Number?	YES	NO				
						A				
			DR. KENNETH KAUNDA							
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					ICTRICT MIL	NIIGIPALITY 75				

DR KENNETH KAUNDA DISTRICT MUNICIPALITY										
Do you hold any political office in a Political Party, whether in a permanent, temporary or acting position?						YES	i	NO		
Political Party										
Position				е						
Do you hold a professional membership with any professional body? If YES provide information below.								NO		
Professional Body?										
Membership Number	Membership Number Expiry Date									
C CONTACT DETAILS										
Preferred Language of Correspondence?										
Contact Number during office hours? / Mobile number										
				Mark	with a	n "X"				
Preferred method of Corres	pondence?									
	POST E-N			E-MA	IAIL FAX					
Correspondence contact (In terms of above							A 2.			
\										
D QUAI	LIFICATIONS	(Additional i	nformati	on ma	y be p	rovide	d on your	CV)		
Name of School/Technical College Highest Qualification Obtained Year Obtained										
		<b>\</b>								
Name of Institution Name				ame of Qualification					ear tained	
E WORK EXPERIENCE (Additional information may be provided on your CV)										
Employer	sition		ОМ	то		Reason for Leavi		na		
Starting with the most Recen	t	Position MM YY MM YY				Tousen for Loaving				
					- 6					

DR KENNETH KAUNDA DISTRICT MUNICIPALITY											
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment  If Yes, provide Name the Name of the Previous Employing											
If Yes, provide Name the Name of the Previous Employing Municipality											
F DISCIPLINARY RECORD											
Have you been dismissed for misconduct during past 10 years  YES  NO  If Yes, provide Name of the Municipality/											
If Yes, provide Name Institu											
Type of Misconduct/Transgression						11					
Date of Resignation/Disciplinary Case Finalised /dismisal											
Award/Sa	nction	1			35	Ę					
Have you been accused your job,or have pending	d of an alleged misconding finalisation of the disc	uct and re ciplinary p	signed from roceedings?		Y	ES		NO			
If YES	s, provide details on a sepa	rate sheet.				•					
G	CF	RIMINAI	RECORD								
Were you convicted of a criminal offence involving financial misconduct, fraud or corruptionin the court of law during past 10 years.											
If YES, type of C						_	4-1				
Date Criminal Ca					7 7 7 2						
Outcome/Ju	Outcome/Judgement										
			4								
н		REF	ERENCE								
Name of Referee	Relationship		act Number ice Hours)		Relations	ship		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			Date								