

APPLICATION FORM FOR EMPLOYMENT: SENIOR MANAGERS

TERMS AND CONDITIONS

1. 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 attached C.V.
2. Candidates shortlisted for interviews may be requested to furnish additional information.
3. All information received will be treated with strictly confidentiality and will not be used for any other Purpose.
4. This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of the *Local Government: Municipal Systems Act, 2000 (Act No.32 of 2000)*

A. DETAILS OF ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Reference Number	
Name of Municipality	
Notice service period	

B. PERSONAL DETAILS

Surname				
First Names				
ID or Passport number				
Race	African	Coloured	Indian	White
Gender			Female	Male
Do you have a disability?			Yes	No
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 a 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	
Professional Body:	Membership Number:	Expiry date:		

C. CONTACT DETAILS

Preferred language for correspondence?			
Telephone number during office hours			
Preferred method for correspondence (Mark with an X)	Post	E-mail	Fax
Correspondence contact details (in terms of above)			

D. QUALIFICATIONS (Additional information may be provided on your CV)			
Name of School/ Technical College	Highest Qualification Obtained	Year Obtained	
Name of Institution	Name of Qualification	NQF Level	Year Obtained

E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (starting with the most recent)	Position	From		To		Reason 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						

F. DISCIPLINARY RECORD		
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 finalisation of the disciplinary proceedings? If yes, provide details on a separate sheet.	Yes	No

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

H. REFERENCE				
Name of Referee	Relationship	Tel (Office hours)	Cellphone Number	Email

I. 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>	
Signature:	Date:



BERGRIVIER MUNICIPALITY

CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPIA)

CONSENT & INDEMNITY BY APPLICANT

POSITION APPLIED FOR: _____

Read carefully and completely before signing.

SECTION 1 - CONSENT

I have applied for employment with Bergrivier Municipality and have provided relevant information. I authorize my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Bergrivier Municipality, whether the information is positive or negative.

I authorize Bergrivier Municipality to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, salary history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Bergrivier Municipality from any and all liability that may arise from giving and/or receiving information about my employment history, my qualifications, my suitability for employment with Bergrivier Municipality and whatever information may be relevant.

I authorize Bergrivier Municipality to access my personal information and conduct the following background screening checks (not limited to the below mentioned) that may be needed:

- Credit check
- Qualification(s)
- Employment references
- Criminal checks
- Fraud check
- Sanctions
- Identity verifications
- Insurance regulations
- Driver's license
- Social media screening checks

This form may be photocopied or reproduced as a facsimile/e-mail, and these copies will be as effective as a release or consent as the original which I sign.

SECTION 2 - SIGNATURE

I hereby confirm that the information provided is true, correct and up to date:

Full name and surname: _____

Identity Number: _____

Applicant Signature: _____

Date: _____