

Cape St Francis Hankey Humansdorp Jeffreys Bay Loerie Oyster Bay Patensie St Francis Bay Thornhill

Postal: PO Box 21, Jeffreys Bay, 6330 Tel: 042 200 2200 / 042 200 8300

Fax: 042 200 8606

Email: registry@kouga.gov.za Website: www.kouga.gov.za

APPLICATION FOR EMPLOYMENT:

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist the municipality in selecting suitable candidates for an advertised position.
- 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 other 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 to expedite recruitment and selection processes.
- 4. All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist the 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), as well as any other employees in terms of section 55 (1)(e) of the local Government: Municipal Systems Act, 2000 (Act no 32 of 2000).

A. DETAILS OF ADVERTISED POST					
Advertised post applied for					
Reference number					
Notice service period					
Do you have the required Qualific	ation for the position	Yes	No		
B. PERSONAL DETAILS					
Surname					
First Names					
Do you have drivers license	Yes	No			
If yes, what code?		<u> </u>			
ID or Passport Number					
Race (Mark with X)	African Coloured	Indian	White		
Gender (Mark with X)	Female	Male			
Do you have a disability? (Mark with X)	Yes	No			
If yes elaborate					
Are you a South African citizen?					
(Mark with X)					
If no, what is your Nationality?					
Work permit number if					
applicable					
Do you hold any political office	Yes	No			
in a political party, whether in a					
permanent, temporary or acting					
capacity? If yes provide					
information below.					



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Political party:		Position:		Expiry date:			
Do you hold a professional		Yes		No			
membership with any							
professional body? If yes pro	vide						
information below.		\					
Professional Body:		Membership No).	Expiry of	date:		
,							
C. CONTACT DETAILS							
Preferred language for							
correspondence							
Telephone number during of	fice						
hours							
Preferred method for		Post	E-Mail		Fax		
correspondence (Mark with	X)						
Correspondence details in te							
of the above							
D. QUALIFICATIONS (Additional information may be provided in your CV)							
Name of School/		est Qualification		ear obta			
Technical College	obtai			Jai Obrairioa			
1001 ii ii cai collogo	ODIGI	iiio d		_			
Name of Tertiary Institution	Quali	ification obtaine	d b	IQF Level	Year		
riamo or romary mamonem	Qualification obtained		Ĭ.	i di Editoi	Obtained		
					0.0.0		
E. WORK EXPERIENCE (Addition	onal in	nformation may b	ne provi	ided in vo	our CV)		
Is your experience relevant to			Yes	No	501 0 1 1		
How many years relevant ex		•		1110			
Employer Employer		d of service		eason fo	r leavina		
Employer	1 CHO	a or service		.00301110	ricaving		
If you were previously emplo	ved in	n Local Governm	ent. Y	es	No		
If you were previously employed in Local Government, Yes No indicate whether any condition exists that prevents							
your re-employment. (Mark with X)							
If Yes, provide the name of the							
previous Municipality							
F. DISCIPLINARY RECORD							
Have you been dismissed for misconduct on or after 5 Yes No							
July 2011? (Mark with X)							
If Yes, Name of Municipality/Institution							
Details of Misconduct/Transgression							



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Date of Termina	•	of					
Disciplinary Case Award/Sanction							
Did you resign from your employment on or after 5 July Yes No							
		•		103	110		
2011 pending finalization of disciplinary proceedings? (Mark with X) If yes, provide details on a separate							
sheet							
G. CRIMINAL REC	CORD						
Were you convicted of a criminal offence involving Yes					No		
financial miscon							
July 2011? (Mark with X) If yes, provide details on a							
separate sheet.							
If yes, type of criminal act							
Date crime case finalised							
Outcome/Judgement							
H. REFERENCES							
Name of	Relationship	Tel (Office	Cell p		E-Mail		
referee		hours)	number				
			4///				
I DECLADATION							
I. DECLARATION							
I, herewith declare that all the information provided in this application form 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: Date:							