



APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

1. This form must be completed in full, accurately and legibly. All substantial information relevant to your candidature must be provided in this form. Any additional information may be provided on the CV.
2. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
3. All information received will be treated with strict confidentiality and will not be used for any other purposes than to assess the suitability of the applicant.

DETAILS OF THE ADVERTISED POST

Advertised position applying for	
Reference Number	
Notice service period	

PERSONAL DETAILS

Title		Surname											
First Names													
ID NUMBER (Please attach certified copy) If not indicate citizenship													
Work permit number (if any)													
Do you have a disability	Yes						No						
If yes, elaborate													

Do you hold any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide information below									Yes		No	
Political Party				Position					Expiry Date			

CANDIDATE CONTACT DETAILS

Physical Address													

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Email Address					
Contact No.					
TERTIARY QUALIFICATION DETAILS					
Qualification	Institution		Completed (Yes/No)		Date / Year Completed
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
PROFESSIONAL REGISTRATION					
Professional Body		Membership number		Expiry date	
Professional Body		Membership number		Expiry date	
EMPLOYMENT DETAILS (CURRENT / MOST RECENT)					
Current Employer					
Position					
Date of Employment					
Duties					
Reason for leaving					
Previous Employer					

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Position			
Date of Employment			
Duties			
Reason for leaving			
Previous Employer			
Position			
Date of Employment			
Duties			
Reason for leaving			
If you were previously employed in Local Government, Indicate whether any condition exists that prevents your re-employment:		Yes	No

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If yes, provide the name of the previous employing municipality					
DISCIPLINARY RECORD					
Have you been dismissed for misconduct on or after 05 July 2011?		Yes		No	
If yes, Name of the Municipality or Institution:					
Type of Misconduct / Transgression					
Date of Resignation / Disciplinary Case Finalised:					
Award / Sanction					
Did you resign from your job on or after 05 July 2011 pending the finalisation of the disciplinary proceedings? If yes, please provide details on a separate sheet			Yes		No
CRIMINAL RECORD					
Were you convicted of a criminal offence? If yes, provide details on a separate sheet			Yes		No
If yes, type of criminal offence					
Date criminal case finalised					
Outcome / Judgement					
REFERENCES					
REFEREE 1					
Name					
Relationship					
Contact No. (Office hours)					
Cellphone No.					
Email Address					
REFEREE 2					
Name					
Relationship					
Contact No. (Office hours)					
Cellphone No.					
Email Address					
REFEREE 3					
Name					
Relationship					

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Contact No. (Office hours)				
Cellphone No.				
Email Address				
CONSENT				
Do you consent to the City of Cape Town contacting the references provided on this form?	Yes		No	
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:		Date:		