

**Lydenburg Head Office:**

Tel: 013 235 7300  
 Fax: 013 235 1108

**Sabie Unit:**

Tel: 013 235 7444  
 Fax: 013 764 1077

**Graskop Unit:**

Tel: 013 767 7448  
 Fax: 013 767 1611

www.tclm.gov.za



## THABA CHWEU LOCAL MUNICIPALITY

**24 Hours Emergency no:**

Tel: 013 235 1788

013 235 7370

Toll free: 0800 007 222

PO Box 61

Lydenburg 1120

Cnr. Viljoen & Sentraal Streets

All Correspondence to be directed  
 To the Municipal Manager

### APPLICATION FORM FOR EMPLOYMENT OF SENIOR MANAGERS

#### TERMS AND 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 CV.
3. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
4. All information received will be treated with strictly 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 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).

#### DETAILS OF THE ADVERTISED POST (as reflected in the advert)

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

#### PERSONAL DETAILS

Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	Male
Do u have a disability?			Yes	No
If yes, elaborate				
Are 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:		

#### 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				

<b>QUALIFICATIONS</b> (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			
<b>WORK EXPERIENCE</b> (Additional information may be provided on your CV)						
Employer (starting with the most recent)	Position	From		To		Reason for leaving
		MM		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:						
<b>DISCIPLINARY RECORD</b>						
Have you been dismissed for misconduct on or after 5 Jul 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
<b>CRIMINAL RECORD</b>						
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						
<b>REFERENCE</b>						
Name of Referee	Relationship	Tel (office hours)	Cellphone Number	Email		
<b>DECLARATION</b>						
<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:		