



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)

Race

African

Coloured

Indian

White

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 | | | | | |
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| Reason for leaving | | | | | |
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| Previous Employer | | | | | |

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| Position | | | |
| Date of Employment | | | |
| Duties | | | |
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| Reason for leaving | | | |
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| Previous Employer | | | |
| Position | | | |
| Date of Employment | | | |
| Duties | | | |
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| 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 | | | | |
| <p>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.</p> | | | | |
| Signature: | Date: | | | |