

CITY OF POLOKWANE APPLICATION FORM FOR EMPLOYMENT (POLOKWANE LOCAL MUNICIPALITY IS AN EQUAL-OPPORTUNITY EMPLOYER)

- 1. The purpose of this form is to assist the City of Polokwane in selecting suitable candidates for advertised posts.
- 2. No applications will be accepted after the stipulated closing date.
- 3. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided on this form. Any additional information may be provided on a CV.
- 4. Candidates who are shortlisted for interviews may be requested to furnish additional information that will assist the City of Polokwane to expedite recruitment and selection processes.
- 5. All information received will be treated with strict confidentiality and will not be used for any other purpose other than to assess the suitability of the applicant.
- 6. This form is designed to assist the City of Polokwane with recruitment, selection and appointment of suitable candidates in terms of the Local Government: Municipal Systems Act, 2000 (Act No.32 of 2000).

A. DETAILS OF ADVERTISED POST (as reflected in advertisement)

Advertised post being applied for								
Reference number								
Notice service period								
B. PERSONAL DETAILS								
Surname								
First name(s)								
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 a professional memb the information below.	ership with any profess	Yes	No					
Professional body	Membership number		Expiry date					
C. CONTACT DETAILS								
Preferred language of correspondence								
Contact numbers	Cell phone		Alternative number					
Email address (if applicable)								
Residential address								
Postal address (if different)								
D. DRIVER'S LICENCE(S)								
License code(s) (eg C1, EB, etc)								
Expiry date of licence(s)								
Do you have a PDP?			Yes	No				
If yes, indicate the expiry date of the PDP.								

E. QUALIFICATIONS (Additional information may be provided on your CV.)									
Highest school qualification(grade) completed	Name of school/training institution			Year that qualification was completed					
Highest tertiary/technical qualification obtained	Name of institution			NQF level		Year obtained			
F. WORK EXPERIENCE (A	Additional informat	your CV.)							
Are you currently employed?				Yes		No			
If yes, supply the name of your of andthe period of employment.									
If currently a City of Polokwane your designation and pay numbe									
Other employers	-	From		То					
(start with the most recent)	Position	ММ	YY	MM	YY	Reason for leaving			
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 municipalitywhere you were employed.									
G. DISCIPLINARY RECOR	D								
Have you ever been dismissed for	or misconduct during t	Yes		No					
If yes, indicate the name of the municipality/institution.									
Type of misconduct/transgression	on								
Date of resignation/disciplinary	case finalised								
Award/sanction									
Did you resign from your job pending finalisation of the disciplinary proceedings? If yes, provide details on a separate page.					Yes No				
H. CRIMINAL RECORD	1 10								
Were you ever convicted of a criminal offence involving financial misconduct, fraud or corruption? If yes, provide details on a separate page.						No			
If yes, provide the type									
ofcriminal act Date that criminal case									
wasfinalised									
Outcome/judgement									
I. REFERENCE	1								
Name of referee	Relationship	Telephone nu hours)	mber (office	Cell phone n	umber	Email address			
J. DECLARATION									
I hereby declare that all the information provided in this application and any attachments in support thereof are 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 the termination of my employment contract, if appointed.									
Signature				Date					



