



SEKHUKHUNE
District Municipality

Private Bag X8611, Groblersdal
0470; 3 West Street, Groblersdal 0470
Tel: (013) 262 7300, Fax: (013) 262 3688
E-Mail: sekinfo@sekhukhune.co.za



APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS				
1. The purpose of this form is to assist the municipality in selecting 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.				
A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)				
Advertised post applying for				
Reference Number				
Notice service period				
B. PERSONAL DETAILS				
Surname				
First Name				
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 membership with any professional body? If yes, provide information below			Yes	No
Professional Body:	Membership Number:		Expiry Date:	
C: CONTACT DETAILS:				
Preferred language for				
Telephone number during office hours				

Preferred method for correspondence	Post	E-mail	Fax			
Correspondence contact details (in terms of above)						
D. QUALIFICATIONS (Additional information may be provided on your CV)						
Name of School	Highest Qualification Obtained		Year Obtained			
Name of Institution	Name of Qualification	NQF Level	Year Obtained			
E. WORK EXPERIENCE (Additional information may be provided on your CV)						
Employer (starting with the most recent)	Position	From		To		Reason for leaving
		Month	Year	Month	Year	
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 municipality						
F. DISCIPLINARY RECORD						
Have you been dismissed for misconduct on or after 5 July 2011?		Yes		No		
If yes, Name of Municipality/Institution						
Type of a Misconduct/ Transgression						
Date of Resignation/ Disciplinary case finalized						
Award/ sanction						
Did you resign from your job on or after pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet		Yes			No	
G. CRIMINAL RECORD						
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after ? If yes, provide details on a separate sheet.		Yes			No	
If yes, type of criminal act						
Date criminal case finalized						
Outcome/ judgment						

H. REFERENCE				
Name of Referee	Relationship	Tel (Office Hours)	Cellphone number	Email

I DECLARATION	
<p><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></p>	
Signature :	Date :

