

APPLICATION FORM FOR EMPLOYMENT



# LAINGSBURG MUNICIPALITY

TO BE COMPLETED FOR ALL VACANCIES

Private Bag X4/ 2 Van Riebeeckstreet  
LAINGSBURG  
6900

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 shall be treated with strict confidentiality and shall not be used for any other purpose than to assess the suitability of the applicant.
5. This form is designed to assist the municipality with the recruitment, selection and appointment of staff members in terms of the 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 the Municipality					
Notice service period					
<b>PERSONAL DETAILS</b>					
Surname					
First Names					
ID or Passport Number					
Gender	Male			Female	
Race	African		White		Coloured Indian
Do you have a disability?	Yes	N o	If yes, elaborate		
Are you a South African Citizen?	Yes	N o	If not, what is your nationality?		
			Do you have a valid work permit?	Yes	No
Do you hold a professional membership with any professional body?	Yes	N o	Name of professional body	Membership Number:	Expiry date:

CONTACT DETAILS	
Telephone number during office hours	(        )
Mobile phone number	
Postal address	
	Code:
Email Address	
Preferred language of communication	

QUALIFICATIONS (please elaborate on your CV)			
Highest educational qualification obtained			
Name of the school	Highest grade	Year obtained	
Highest tertiary qualification obtained:			
Name of institution	Name of qualification	NQF level	Year Obtained

WORK EXPERIENCE (please elaborate on your CV)						
Employer (starting with the most recent)	Post held	From		To		Reason for leaving
		Month	Year	Month	Year	

DISCIPLINARY RECORD			
Have you ever been dismissed for misconduct during the past (10) years?	Yes		No
If yes, Name of Municipality/Employer			
Type of Misconduct/Transgression			
Date of Resignation/Disciplinary case finalised/Dismissal			
Award/Sanction			
Have you been accused of an alleged misconduct and resigned from your job pending finalisation of the disciplinary proceedings?	Yes		No

CRIMINAL RECORD
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Have you been convicted of any criminal offence in a court of law during the past (10) years?	Yes		No	
If yes, type of criminal act				
Date criminal case finalised				
Outcome/Judgement				

<b>REFERENCES (please elaborate on your CV)</b>				
Name of Referee	Relationship	Tel (office hours)	Cell Number	Email

<b>DECLARATION</b>	
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:

**Reference Checking Consent & Authorization Form**  
**Read carefully and completely before signing.**  
**CONSENT**

I have applied for employment with the Laingsburg Municipality and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to the Laingsburg Municipality, whether the information is positive or negative.

I authorize the Laingsburg Municipality to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, salary history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current

employers, references, and the Laingsburg Municipality from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Laingsburg Municipality.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Name and Surname:

\_\_\_\_\_

**Applicant Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

*Application form: Laingsburg Municipality*