Address of Registerd office: Old Government Printers No. 5 Textile Road Vulindlela Heights Mthatha

Postal Address P.O. Box 1134 Mthatha,5099

5099



Tel : +27(0) 47 531 0346 Fax : +27(0) 47 531 4121

Email: info@ntinga.org.za

Website: www.ntinga.org.za

APPLICATION FORM FOR EMPLOYMENT

The purpose of this form is to assist the Entity in selecting suitable candidates for an advertised post. 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. Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.

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.

This form is designed to assist 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 Entity								
Notice service period								
PERSONAL DETAILS								
Surname								
First Names								
ID or Passport Number								
Gender	Male				Female	emale		
Race	African		\	White	Colored		Indian	
Do you have a disability?	Yes	No	If yes	s, elabo	rate			
Are you a South African	Yes No If not, what is your							

Citizen?		nationality?		ity?						
			Do you l work Pe		valid	Yes	No			
Do you hold a professional membership with any? professional body?	l Yes	s No Name of professions			dy	Membershi _l Number	Expiry date			
CONTACT DETAILS										
Telephone number during	office ho	ours	()							
Mobile phone number										
Postal address										
						Code:				
Email Address										
Preferred language of communication										
QUALIFICATIONS (please				CV)						
Highest educational qualif	ication ol	btaine	ed.							
Name of the School	Name of the School					Grade Year Obtained				
Highest tertiary qualification	on obtain	ed.								
Name of Institution			Name of a		N	QF level \	/ear Obtained			
Name of institution			qualificatio		NQF level		Teal Obtained			
WORK EXPERIENCE(ple	ase elak	oorat	e on you	r CV)						
Employer (starting Post			Fro		То		Reason for leaving			
with the most he recent)		held Month		Year	Month	Year				
Todonky										

DISCIPLINARY RECORD			/	1				
Have you been dismissed for misconduct?			es/es		No			
during the past ten (10) years? If yes, Name of Municipality/ Employer								
in yes, Name of Municipality/ Employer								
Type of a Misconduct/ Transgression								
Date of Resignation/ Disciplinary case								
finalized/Dismissal								
Award/ sanction								
			⁄es		1			
	Have you been accused of an				No			
alleged misconduct an								
from your job pending f	inalization of							
the disciplinary?								
proceedings?								
CRIMINAL RECORD								
Have you been convict	tod of any crir	minal of	fonce in a	Yes		No		
court of law?	led of arry crit	IIIIIai Oi	ience in a	168		INO		
) vears?							
If yes, type of criminal act								
in yes, type or criminal act								
Date criminal case finalized								
Outcome/ Judgment								
Outcome/ Judgment								
REFERENCES (pleas	e elaborate o	on vour	· CV)					
Name of			Cellphon	e	Email			
Referee	Relationship	hours		Number				
			,					
DECLARATION								
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 informa								
appointed.			<u> </u>					
Signature:			Date:					