



Municipality SIYANCUMA Munisipaliteit

Offices / Kantore: Griquatown/Griekwastad
Tel. no: (053) 3430031
Fax no: (053) 3430333

Campbell
(053) 2979043
(053) 2979043

Schmidtsdrift
(053) 8337439
(053) 8337332

Civic Centre/Burgersentrum
Charl Cilliers Street/Straat
P.O. Box 27 / Posbus 27
DOUGLAS 8730

Tel. no: (053) 2981810
Fax no: (053) 298 4518

E-Mail: douglas@siyancuma.gov.za

www.siyancuma.gov.za

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

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 will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability for the applicant.
5. This form is designed to assist municipality with the recruitment, selection and appointment of senior managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No. 32 of 2000).

A. DETAILS OF THE ADVERTISED POST (as reflected in the advert)

Advertised post applying for	
Reference number	
Name of Municipality	
Notice service period	

B. PERSONAL DETAILS

Surname				
First Name				
ID or Passport Number				
Race	African	Colored	Indian	White
Gender			Yes	No
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 any political office in a political party, whether in a permanent, temporary or acting capacity? If yes, provide information below.				No
Political Party:	Position:	Expiry date:		
Do you hold a professional membership with any professional body? If yes, provide information below				No
Professional Body:	Membership Number:	Expiry date:		

