Joburg Market (SOC) Ltd



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## APPLICATION FORM FOR EMPLOYMENT

## **TERMS AND CONDITIONS**

- 1. The purpose of this form is to assist Joburg Market 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 Joburg Market to expedite recruitment and selection processes.
- 4. All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist Joburg Market 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   |         |          |        |       |  |  |
| Notice service period  |         |          |        |       |  |  |
|  |         |          |        |       |  |  |
| B. PERSONAL DETAILS (* required for employment equity reporting) |         |          |        |       |  |  |
| Surname  |         |          |        |       |  |  |
| First Names  |         |          |        |       |  |  |
| ID or Passport Number  |         |          |        |       |  |  |
| *Race (Mark with an X)   | African | Coloured | Indian | White |  |  |
| *Gender (Mark with an X)   | Fer     | nale     | N      | lale  |  |  |
| *Do you have a disability? (Mark with an X)                      | Yes     |          | No     |       |  |  |
| If yes, elaborate  |         |          | I      |       |  |  |
| Are you a South African citizen?                                 | Yes     |          | No     |       |  |  |
| If no, what is your nationality?                                 |         |          | 1      |       |  |  |
| Work Permit Number (if any):                                     |         |          |        |       |  |  |

| Do you hold a professional members with an X)              | ership with any professional body? If yes, provide (Mark Yes No |              |              |  |  |  |  |
|--|---|--------------|--------------|--|--|--|--|
| Professional Body:   | Membership Number:  | Expiry date: | Expiry date: |  |  |  |  |
|  |   |              |              |  |  |  |  |
| C. CONTACT DETAILS   |   |              |              |  |  |  |  |
| Preferred language for<br>Correspondence?                  |   |              |              |  |  |  |  |
| Telephone number<br>during office hours                    |   |              |              |  |  |  |  |
| Preferred method for<br>correspondence<br>(Mark with an X) | Post  | E-mail       | Fax          |  |  |  |  |
| Correspondence contact details (in terms of above)         |   |              | ·            |  |  |  |  |

| D. QUALIFICATIONS (Additional information may be provided on your CV) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name of School / Technical  |  |  |  |  |  |  |
| College   |  |  |  |  |  |  |
| Name of Institution   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

## E. WORK EXPERIENCE (Additional information may be provided on your CV)

| Employer (starting with   |          |                     | From |     | То |    |                    |
|---|----------|---------------------|------|-----|----|----|--------------------|
| most recent)  | Positic  | n                   | MM   | YY  | MM | YY | Reason for leaving |
| ,   |          |                     |      |     |    |    | 5                  |
|   |          |                     |      |     |    |    |                    |
|   | <u> </u> |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
|   | <b> </b> |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
|   | ļ        |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
| If you were previously employed in                                | Local (  | Government / Public | C    |     |    |    |                    |
| Service, indicate whether any condition exists that prevents your |          |                     | our  | Yes |    |    | No                 |
| re-employment: (mark with an x)                                   |          |                     |      |     |    |    |                    |
| If yes, provide the name of                                       |          |                     |      |     |    | I  |                    |
| the previous employing  |          |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
| municipality / municipal entity                                   |          |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
| F. DISCIPLINARY RECORD  |          |                     |      |     |    |    |                    |
|   |          |                     |      |     |    |    |                    |
| Have you been dismissed for misconduct?                           |          |                     |      | Yes |    | No |                    |
|   |          |                     |      |     |    |    |                    |

| If yes, Name of Muni  | cipality/ Municipal | Entity:   |              |                  |       |  |  |
|---|---------------------|-----------|--------------|------------------|-------|--|--|
| Type of a Misconduct/ Transgression   |                     |           |              |                  |       |  |  |
| Date of Resignation/  | Disciplinary case   | finalised |              |                  |       |  |  |
| Award/sanction  |                     |           |              |                  |       |  |  |
| Did you resign from your job pending<br>finalisation of the disciplinary proceedings? If yes, provide details<br>on a separate sheet. (mark with an x)  |                     |           | Yes          | No               |       |  |  |
| G. CRIMINAL RECORD  |                     |           |              |                  |       |  |  |
| Were you convicted of a criminal offence involving financial misconduct, fraud or corruption? If yes, provide details on a separate sheet. (mark with an x)   |                     |           | Yes          | No               |       |  |  |
| If yes, type of criminal act  |                     |           |              |                  |       |  |  |
| Date criminal case finalised  |                     |           |              |                  |       |  |  |
| Outcome/ Judgment   |                     |           |              |                  |       |  |  |
| H. REFERENCE  |                     |           |              |                  |       |  |  |
| Name of Referee Relationship  |                     | Tel(of    | ffice hours) | Cellphone number | Email |  |  |
|   |                     |           |              |                  |       |  |  |
|   |                     |           |              |                  |       |  |  |
| I. 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 information may lead to my disqualification or termination of my employment contract, if appointed. |                     |           |              |                  |       |  |  |
| Signature: Date:  |                     |           |              |                  |       |  |  |