

CCMA Commissioner Recruitment 2022/2023 (PRIVATE & CONFIDENTIAL)

SECTION A:

(For completion by all applicants, including existing commissioners & employees)

APPLICATION FORM – COMMISSIONER POSITION

Please ensure that your application form is completed in PRINT form or is TYPED.

There are 2 Parts to this application form.

PART 1 – Personal Details										
This part is <u>COMPULSORY</u> and is to be completed by all applicants, including existing commissioners and CCMA employees										
1. Application & Current Employment Status Details										
Full Name of Applicant					Region/Area - Current residence/workplace			Area of convenience – Preferred for interviews		
Tick position & level applying for e.g. full time or part time and level i.e. Senior or Commissioner.				Current Employment Status: External applicant, existing CCMA Commissioner or existing CCMA Employee, BC Panelist, (tick relevant boxes only)						
Full time	Part time	Commissioner	Senior Comm. (SC)	External Applicant	Existing CCMA Employee (non-commissioner)	BC Panel	Commissioner	Full time	Part time	
Region/Office & position reference applying for e.g. Kwa-Zulu Natal – Richards Bay – KZNLA-FT-RB (in order of preference)										
Region 1 Preference	Position reference	Region 2 Preference	Position reference	Region 3 Preference	Position reference	Region 4 Preference	Position reference			
2. Personal Details										
Surname				First name/s						
ID Number				Permanent Residence No			(if not SA citizen)			
Residential Address						Postal Address				
Postal Code:						Postal Code:				
Cellular:			Home Tel:			Work/Business Tel:				
Email:				Alternate Tel No's:						
3. Gender / Race / Disabled (for EE purposes)										
African Female	African Male	White Female	White Male	Coloured Female	Coloured Male	Indian Female	Indian Male	Other (specify)	Disabled	
State Nature of disability:										
4. Education & Training										
Highest school standard passed										
Tertiary Qualifications & other relevant training/courses						CCMA Training Courses & Year completed				

5. Language Proficiency: 1 = Poor, 2 = Proficient & 3 = Excellent

Language	Read	Write	Speak

6. Experience relevant to labour market (compulsory to complete this section – do not indicate “refer to CV”)

Mediation & Arbitration experience <i>(include number of years)</i>	
Industrial relations experience <i>(include number of years)</i>	
Trainer/Facilitator experience <i>(include number of years)</i>	
Management/leadership experience <i>(include number of years)</i>	
Bargaining Council <i>(include number of years & council name)</i>	
Private Agency experience, <i>(Include number of years agency name)</i>	

7. In no more than 100 of your own words please motivate why you should be considered for appointment as a Commissioner

8. References (please give us the names of three persons (employers, if possible) who you wish us to contact as references

Name	Telephone Number	Company & Position	Relationship to you

7.1. Do you consent to the CCMA doing reference checks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disclosure form completed & attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------	--------------------------------------	-----	--------------------------	----	--------------------------

7.2. Compulsory attachments: Please attach the documents cited hereunder & tick to indicate whether relevant certified copies of said documents have been attached to this application. Also please note that the CCMA reserves the right not to consider incomplete or late applications.

Curriculum Vitae (CV)		Education Certificates		Identity document		Driver's License		Disclosure Form	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, hereby state that the above information and further information given by on my disclosure form is correct. I further understand that any deliberate misstatements by me may lead to the non consideration of this application and may lead to the cancellation or withdrawal of any contract of service that may be offered to me.

Name: _____ **Signature:** _____ **Date:** _____

Part 2 – CCMA Disclosure Form

This part is COMPULSORY and is to be completed by all applicants, including existing commissioners and CCMA employees

Surname				First name/s					
Are you a registered tax payer?	Yes		No		Are your tax affairs in order?	Yes		No	
Your SARS registration Number:				Do you have a valid driver's license?	Yes		No		

CCMA POLICY ON DUTY TO DISCLOSE INFORMATION

Objectives

1. The objective of the policy is to:
 - 1.1 To ensure that all applicants for CCMA positions fully disclose any relevant information that will assist the Governing Body, or interviewing panel, in deciding whether or not to appoint the applicant.
 - 1.2 To ensure a high standard of integrity, honesty and to preserve the reputation of both the CCMA and its employees.
 - 1.3 To ensure that fit and proper persons are appointed as CCMA employees.

Principles:

2. The following principles shall apply:
 - 2.1 All applicants are expected to disclose all relevant and material information relating to their integrity, honesty, criminal records, any pending investigations, dishonesty, disciplinary records and investigations or charges of fraud brought against them.
 - 2.2 Failure to disclose this information could result in non-appointment and/or termination of the contract or employment.

(Further to your consent, the CCMA may conduct personal credential verifications with MIE/Kroll Background Screening (Pty) Ltd.)

I, *(Full name and surname)* , ID No

have read and understand the CCMA policy on the duty to disclose information.

1. Do you have anything to disclose in terms of the above Policy on Disclosure, including but not limited to answering the following questions:	Yes		No	
2. Have you ever been charged and/or convicted of any criminal offence?	Yes		No	
3. Are you presently under investigation by the South African Police Services or any other person (including a past or current employer) for any alleged criminal act or alleged acts of misconduct or dishonesty?	Yes		No	
4. Have your services ever been terminated for any alleged act of misconduct or any act involving allegations related to dishonesty e.g. theft or fraud?	Yes		No	
5. Have you ever been suspended or disbarred from any professional organization e.g. law society?	Yes		No	
6. Do you have anything else that you think is of relevance that you may want to disclose or think requires disclosure?	Yes		No	

If you answer yes to any of the above, please provide all relevant disclosure information below.

1. Do you have any business interests e.g. do you own or are you a part owner of any business?	Yes		No	
--	------------	--	-----------	--

If yes, please explain:

I hereby confirm that the information provided herein is to my knowledge true and correct.

Signature:

Date:

Please Note:

Additional documents that will be enclosed with this application form for the review of Governing Body interview panel members will include:

External Applicants Only	External & Internal Applicants	Internal Applicants Only
1. Copies of written references	1. Copy of Disclosure form where disclosures made by applicant require this	1. Random samples of settlement agreements
2. Copy Personal Credentials Verification Certificate		2. Random samples of arbitration awards issued
3. Copy of written assessment – Part B		

**Please note that short-listed applicants may be required to write an entry-level assessment. The dates are set in a letter attached.*

Disclaimer: In compliance with the Protection of Personal Information Act (POPIA), please note that the CCMA treats personal information disseminated through the completion of this form as private and confidential. The CCMA will not disclose your personal information to any external organisations or parties without your express authorization, unless authorised to do so by law. Therefore, by completing this form you are granting the CCMA the authorization to use your information for its organisational data management processes.