



MUNICIPAL INFRASTRUCTURE SUPPORT AGENT

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TECHNICAL SKILLS PROGRAMMES APPLICATION FORM
IMPORTANT INFORMATION

- Please complete in black ink.
- Sections A to F should be completed in full. Incomplete forms will not be accepted.
- Please attach certified copies of your ID Document and proof of qualifications. Applications that do not comply will not be considered.

A. POST PARTICULARS													
Programme: MISA Experiential Learners Internship Programme 2018/2019													
Province in which the applicant choose to be placed :													
Name of Municipality as per advert:													
Chosen field of work exposure as per advert:													
B. DETAILS OF THE APPLICANT													
Title:			Initials:										
Surname:													
First Name(s):													
Date of Birth:						Are you a SA Citizen:		Yes		No			
ID Number:								Age:					
Please mark the relevant block						Gender:		MALE		FEMALE			
Race:		AFRICAN			WHITE			COLOURED		INDIAN			
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?								Yes		No			
If yes, specify:													
Do you have a previous criminal offence or pending criminal case(s)								Yes		No			
If yes, specify:													
Residential Address:						Postal Address: (If different from Residential address)							
Contact Number:													
E-mail Address (If applicable):													

C. LANGUAGE PROFICIENCY – State ‘good’, ‘fair’ or ‘poor’

Languages					
Speak					
Read					
Write					
What is your highest standard passed? (attach proof)					
Do you have an additional completed qualification?		Yes		No	
If yes, specify: (attach proof)					
Are you currently studying?	Yes		No		If yes, specify.
Qualification:		Institution:			

D. WORK EXPERIENCE (If any)

Have you previously been employed by the Public Service?	Yes		No			
Have you previously been enrolled into a Learnership/ Apprenticeship/ Experiential Learning programme	Yes		No			
Employer (Including current employer)	Position held	From		To		Reason for Leaving
		MM	YY	MM	YY	

E. REFERENCES

Name	Relationship to you	Contact Number

F. DECLARATION:

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the learnership being disqualified.

Signature: _____	Date: _____
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