



# JOHANNESBURG WATER APPLICATION FOR INTERNSHIP PROGRAMME

## PLEASE NOTE THE FOLLOWING

1. Please complete **ONE** application form for every position applied for.
2. Originals of your identity document, testimonials, certificates and documents must be produced to register qualifications claimed when a job offer is made.
3. Your appointment is subject to a medical examination where it is a safety requirement.
4. If after your appointment it is established that you have given false information you will be liable to instant dismissal.
5. Applicants who have benefited from a previous internship programme and have formal employment in any of the above fields will not be considered.
6. The completed form must be sent to relevant email address as indicated on the advert, **closing date for submission is 25 April at 16:00.**

### APPLICANT

Dr / Mr / Ms: (Initials and Surname): \_\_\_\_\_

Internship applied for: \_\_\_\_\_

**PERSONAL PARTICULARS**

SURNAME: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

TELEPHONE NUMBERS HOME (CODE: \_\_\_\_\_) \_\_\_\_\_

WORK (CODE: \_\_\_\_\_) \_\_\_\_\_

CELLULAR: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**INFORMATION REQUIRED FOR EMPLOYMENT EQUITY COMPLIANCE**(Please tick ✓ in the correct ) AFRICAN  COLOURED  INDIAN  WHITE (Please tick ✓ in the correct ) FEMALE  MALE 

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_

FLUENCY IN OTHER LANGUAGES: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

**GENERAL INFORMATION REQUIRED**DO YOU HAVE A DRIVER'S LICENCE? YES  NO 

IF YES, PLEASE PROVIDE LICENCE CODE \_\_\_\_\_

HAVE YOU PARTICIPATED IN PREVIOUS INTERNSHIP YES  NO 

IF YES, PLEASE PROVIDE DETAIL \_\_\_\_\_

DO YOU SUFFER FROM ANY HEALTH CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE TASK REQUIRED BY THE POSITION? (Please ✓ in the correct ) YES  NO 

IF YES, PLEASE PROVIDE DETAIL \_\_\_\_\_

ARE YOU A PERSON WITH A DISABILITY?

(Please ✓ in the correct )

YES  NO

IF YES, PLEASE PROVIDE DETAIL \_\_\_\_\_

PERMANENT RESIDENT IN SA

YES  NO

### SCHOOL EDUCATION

HIGH SCHOOL ATTENDED	FROM	UNTIL	HIGHEST STANDARD PASSED	FINAL YEAR SUBJECTS

### HIGHER EDUCATION

COLLEGE/UNIVERSITY ATTENDED	FROM	UNTIL	DEGREE/ DIPLOMA STUDIED	COMPLETED YES / NO	MAJOR SUBJECTS PASSED

EARLIEST DATE OF COMMENCEMENT: \_\_\_\_\_

## **EMPLOYMENT HISTORY**

(Please provide the most recent employment first)

NAME OF EMPLOYER	PERIOD OF SERVICE		FINAL SALARY	POSITION HELD	FUNCTIONS AND DUTIES (Include specific skills and experience obtained)	REASON FOR LEAVING
	FROM MONTH & YEAR	TO MONTH & YEAR				

The information contained in this form will be treated as private and confidential.

I certify that the above information is true and I understand that any false statements or omissions herein could render any contract of employment concluded null and void.

I understand that reference checks will be made and that permitted psychometric and other tests / role plays, etc may be used as part of the process.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE