WESKUS DISTRIKSMUNISIPALITEIT WEST COAST DISTRICT MUNICIPALITY



APPLICATION FORM FOR GRADUATE INTERN - 2024

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for a graduate intern position.
- 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 must be provided on a Curriculum Vitae.

Vitae.	ID		 (: (:			L 0	41-	_					
 Copies of Qualification(s) DETAILS OF THE ADVERT 										_	_		
Advertised position applying for	ISED F	OSITION	i (as rene	cieu ii	ii uile a	uveru	Selliel	it <i>)</i>					
Reference as on advertisement													
Name of Municipality													
Town where you reside													
B. PERSONAL AND CONTAC	T DETA	ILS											
Surname													
First Names													
Physical Address													
		Postal Code											
Contact Number(s)	1.					2.							
E-mail Address													
ID or Passport Number													
Drivers license	Yes	Yes		No		ype			Da obt	te tained	ed		
Race	Africa	n	Coloured		Ir	Indian		Wh	nite				
Gender	Fema e	ıl	Male	Male		Age		•		•			
Do you have a disability?	Yes		No		If	If yes, specify							
Are you a South African citizen?	Yes		No		If no, specify								
Is any of your family in the service of this municipality? If yes, state the name of the person and relationship.	Yes					No)						
	Name and Surname												
person and relationship.	Relati	ionship											
C. QUALIFICATIONS (Addition	nal info	rmation	may be	provid	ed on y	our C	CV)						
Name of School		Highest Qualification Obtained								Year Obtained			
Name of Higher Education Institution			Name of Qualification NQF Level						Year Obtained				
Name of Figure Education institution			Name of Qualification					NQF Level			i eai Obtained		
									+				
D. WORK EXPERIENCE (Add	itional i	nformat	ion may l	oe pro	vided c	n you	ur CV)						
Employer		Doo	sition			om	То		Reason for Leaving		aving		
(starting with the most recent)		F US	ond Of I			YY	MM YY		Nea	TCason for Leav			

If your were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment								No		
If yes, provide the name of the previous employing municipality:										
E. CRIMINAL RECORD										
Were you found guilty of any of	e?				Yes		No			
If yes, type of criminal act:										
F. REFERENCE										
Name and Surname	Relationsh	ip	Telephone (Office hours)		Cell Phone Numbers		E-ma	E-mail		
G. 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:					