**JOHANNESBURG WATER**

**APPLICATION FOR**

**INTERNSHIP PROGRAMME**

**PLEASE NOTE THE FOLLOWING**

1. This form must be completed in your **OWN** handwriting.
2. Please complete **ONE** application form for internship position applied for.
3. Originals of your identity document, testimonials, certificates and documents must be produced to register qualifications claimed when an internship offer is made.
4. Your appointment is subject to a medical examination where it is a safety requirement.
5. If after your appointment it is established that you have given false information you will be liable to instant dismissal.
6. The completed form must be sent to jw.humanresources@jwater.co.za, **closing date for Submission is 21 September 2022 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**

RACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| FEMALE |  | MALE |  |

(Please tick √ in the correct □)

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

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

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

**GENERAL INFORMATION REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

DO YOU HAVE A DRIVER’S LICENCE?

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

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

DO YOU SUFFER FROM ANY HEALTH CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE TASK REQUIRED BY THE POSITION? (Please √ in the correct □)

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

ARE YOU A PERSON WITH A DISABILITY?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

(Please √ in the correct □)

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

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

PERMANENT RESIDENT IN SA

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**