

The M sunduzi Municipality

Private Bag 321
PIETERMARITZBURG
3201

Telephone: 033 3923 000 www.msunduzi.gov.za

APPLICATION FOR INTERNSHIP

NOTES TO APPLICANT									
 Thank-you for your interest in seeking internship with us Complete the formin your own handwriting in ink Mark appropriate answers with an "x" where applicable For the purpose of the Employment Equity Act (1998) all statistic details should be completed Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an a in the space provided ID Book/ Passport Drivers license Academic transcripts Letter of registration for In-service from institution Proof of Residence 									
Total number of Pages attached:									
POST DETAILS									
Position Applied for:									
Date of Advert:									
Reference Number:									
PERSONAL DETAILS									
Name:									
Postal Address:									
Code:									
Residential Address:									
Code:									
Telephone: (h) (w)	(c)								
E-mail Address:									
Date of Birth: Citizenship:									
ID Number: Passport Number:									
Sex: Disabled: Yes No									
If yes, furnish particulars									
Drivers license: Yes No Period:									
Language proficiency. In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None"									
Language: Read Write Speak									
English:									
Zulu:									
Other:									

EDUCATION AND QUALIFICATIONS									
	Hig	hest Grade:							
School Education	Naı	me of School:							
	Tov	vn/ City:							
	Subjects	1. 2. 3. 4. 5. 6.				riod From: riod To:			
Name of Institution:									
	Qua	alification:							
Tertiary Education (University/Technikon/ Co llege)	Yea	r of Study:							
	Subjects	1. 2. 3.		Pei	Period From:				
	(qης) 4. 5. 6.				Pei	riod To:			
		WOR	RK EXPE	RIENCE					
Previous work experience	Previous work experience completed?			YES		NO			
If Yes, with whom?									
Period From:				Period	Period To:				
DECLARATION									
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that if I am appointed, my appointment will be subject to the provisions of the Conditions of Service and the Internship policies of the Council and any other applicable legislation.									
Signature of Applicant Date:									