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| **Application form: Mkhambathini Local Municipality** Mkhambathini Municipality: Finance Internships 2021 - StudentRoom.co.za | (To be attached with relevant documents unless indicated). | We ensure that everyone enjoys equal opportunity and fair treatment in the workplace as enacted by the Employment Equity Act, No 55 of 1998. |
|  |
| **Personal Information**  |
| Full Names and Surname |  |  |
| Language Proficiency (please indicate languages): 1.
 |
| Physical address: |  | City: | Race: | Disability:Yes [ ]  |
|  |  |  | No [ ]  |
| Phone Number: | Identity Number: | Email Address: |  |  |
|  |  |  |
| Are You a South African Citizen? |  | Have You Ever Been Convicted of any crime? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |  |
| If selected for employment are you willing to submit to a pre-verification of qualifications? |
| Yes [ ]  | No [ ]  |  |  |  |
|  |
| **Position** |
| Position You Are Applying For: | Preferred Start Date: |  |  |
|  |  |
| Nature of position (Tick the relevant space) |  |  |
|  |  | Full Time |  | Part Time |
|  |
| **Education** |
| School Name | Years Attended | Qualification Received |
|  |  |  |
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|  |
| **References** |
| Name | Title | Company | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Employment History (Experience)** |
| **Employer (1)** |  | Job Title |  | Reason for leaving:  |
|  |  |  |
| Work Phone |  | Start date: |  | End date: |
|  |  |  |
| **Employer (2)** |  | Job Title: |  | Reason for leaving |
|  |  |  |
| Work Phone |  | Start date:  |  | End date: |
|  |  |  |
| **Employer (3)** |  | Job Title: | Reason for leaving: |
|  |  |  |
| Work Phone |  | Start date:  |  | End date:  |
|  |  |  |
| **Employer (4)** |  | Job Title: |  | Reason for leaving: |
|  |  |  |
| Work Phone |  | Start date:  |  | End date:  |
|  |  |  |
| **Employer (5)** |  | Job Title: |  | Reason for leaving: |
|  |  |  |
| Work Phone |  | Start date:  |  | End date:  |
|  |  |  |
|  |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Name (Please Print) |  | Signature: |
|  |  |
| Date: |  |
|  |