

**WESKUS DISTRIKSMUNISIPALITEIT  
WEST COAST DISTRICT MUNICIPALITY**



**APPLICATION FORM FOR GRADUATE INTERN**

**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.
3. Copies of Qualification(s) and Id must be certified and not older than 3 months.

**A. DETAILS OF THE ADVERTISED POSITION (as reflected in the advertisement)**

Advertised position applying for	
Reference number (if any)	
Name of Municipality	
Notice service period	

**B. PERSONAL AND CONTACT DETAILS**

Surname						
First Names						
Physical Address						Postal Code
Contact Number(s)	1.		2.			
E-mail Address						
ID or Passport Number						
Race	African		Coloured		Indian	White
Gender	Female		Male		Age	
Do you have a disability?	Yes		No		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					
	Relationship					

**C. QUALIFICATIONS (Additional information may be provided on your CV)**

Name of School / Technical College	Highest Qualification Obtained	Year Obtained	
Name of Tertiary Institution	Name of Qualification	NQF Level	Year Obtained

**D. WORK EXPERIENCE (Additional information may be provided on your CV)**

Employer (starting with the most recent)	Position	From		To		Reason for Leaving
		MM	YY	MM	YY	

If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment						Yes	No
If yes, provide the name of the previous employing municipality:							

<b>E. CRIMINAL RECORD</b>							
Were you found guilty of any criminal offence?						Yes	No
If yes, type of criminal act:							

<b>F. REFERENCE</b>				
Name and Surname	Relationship	Telephone (Office hours)	Cell Phone Numbers	E-mail

<b>G. DECLARATION</b>			
<i>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.</i>			
Signature:		Date:	