

Department of Public Works, Roads and Transport Application for Internship

WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

- 1 All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.
- 2 Passport number in the case of non-South Africans.
- 3 This information is required to enable the department to comply with the Employment Equity Act, 1998.
- 4 This information will only be taken into account if it directly relates to the requirements of the position.
- 5 Applicants with substantial qualifications or work experience must attach a CV.

A. THE ADVER	RTISED POST										
Occupation for which internship is applied											
District/ Head office											
B. PERSONAL	INFORMATIO	N									
Surname											
First Names											
Date of Birth											
ID number											
Race	African	White	Indian								
Gender		FEMALE	MALE								
Do you have a disability?		YES	NO								
Are you a South African Citizen? If no, what is your Nationality		YES	NO								
Have you ever been convicted of a criminal offence or been dismissed from employment?		YES	NO								
Have you been employed as an intern in other Department		YES	NO								
If yes, provide with your PERSAL No.											
C. HOW DO W	E CONTACT	YOU									
Telephone number											
Postal Address		Residential Address									

D. LANGUAGE PROFICIENCY - state 'good', 'fair' or 'poor'													
	Languages (specified)												
Speak													
Read													
Write													
E. QUALIFICATIONS 5 (please ignore if you have attached a CV with these details													
Name of School / Technical College			Highest qualification obtained							Year Obtained			
Tertiary education (complete for each qualification you obtained)													
Na	me of Institut	ion		Nam	e of	f Quali	ficat	ion		Year Obtained			
										Obtained			
F. WORK EXPERIENCE (please ignore if you have attached a CV with these details)													
Employer (including			From To						Reason for				
current employer)		Post h	Post held			MM YY		MM YY		Leaving			
If you were previously employed in the Public Service, indicate whether any								VEC	NO				
		ents your re-e								YES	NO		
If yes, provide the name of the previous employing department													
G. REFERENCES (please ignore if you have attached a CV with these details)													
Name Re		lationship to you				Tel. No. (office hours)							
DECLARATIO	N												
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.													
Signature:				Date:									