 

**MUNICIPAL INFRASTRUCTURE SUPPORT AGENT**

**D. MUNICIPAL INFRASTRUCTURE SUPPORT AGENT**

**MISA EXPERIENTIAL LEARNER PROGRAMME**

**IMPORTANT INFORMATION**

* **Please complete in black ink.**
* **Sections A to F should be completed in full. Incomplete forms will not be accepted. Please note, your application must include the following documents : -**
* Reference number of the applied discipline /position
* Curriculum vitae
* Certified copies of relevant qualifications
* Certified copy of the South African identity document
* Proof of Residential address
* **Applications that do not comply will not be considered**

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| **A. POST PARTICULARS**  |
|  **Programme: MISA Experiential Learner Programme**  |
| **Province in which the applicant choose to be placed:** **(Please refer to CoGTA/MISA website)** |
| **Name of Municipality:** **(Please refer to CoGTA/MISA website)** |
| **State required discipline as per advert:**  |
| **B. DETAILS OF THE APPLICANT**  |
| **Title:**  |  | **Initials:**  |  |
| **Surname:**  |  |
| **First Name(s):**  |  |
| **Date of Birth:**  |  | **Are you a SA Citizen:**  | **Yes**  |  | **No**  |  |
| **ID Number:**  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Age:**  |  |
| **Please mark the relevant block**  | **Gender:**  | **MALE**  | **FEMALE**  |
| **Race:**  | **AFRICAN**  | **WHITE**  | **COLOURED**  | **INDIAN**  |
| **Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?**  | **Yes**  | **No**  |
| **If yes, specify:**  |  |
| **Do you have a previous criminal offence or pending criminal case(s)**  | **Yes**  | **No**  |
| **If yes, specify:**  |  |
| **Residential Address:**  | **Postal Address: (If different from Residential address)**  |
| **Contact Number:** |  **Alternative Number:** |
| **E-mail Address (If applicable):**  |

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| **C. LANGUAGE PROFICIENCY- State 'good', 'fair' or 'poor'** |
| **Languages** |  |  |  |  |  |
| **Speak** |  |  |  |  |  |
| **Read** |  |  |  |  |  |
| **Write** |  |  |  |  |  |
| **What is your highest standard passed? (attach proof)** |  |
| **Do you have an additional completed qualification?** | **Yes** |  | **No** |  |
| **If yes, specify: (attach proof)** |  |
| **Are you currently studying?** | **Yes** |  | **No** |  | **If yes, specify.** |
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| **Qualification:** | **Institution:** |
| **D. WORK EXPERIENCE (If any)** |
| **Have you previously been employed by the Public****Service?** | **Yes** |  | **No** |  |
| **Have you previously been enrolled into one of the following programmes** | **Yes(If yes, put a cross on the relevant programme)** |  | **No** |  |
| **Learnership**  |  |
| **Apprenticeship** |  |
| **Experiential Learning**  |  |
| **Employer (Including current employer)** | **Position held** | **From** | **To** | **Reason for Leaving** |
| **MM** | **YY** | **MM** | **YY** |  |
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| **E. REFERENCES** |
| **Name** | **Relationship to you** | **Contact Number (s)** |
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| **F. DECLERATION:** |
| **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 for the experiential learnership being disqualified.** |
| **Signature:** | **Date:** |