 

**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.** |
|  |
| **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:** | | | | | | | |