



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

A. POST PARTICULARS													
Programme: MISA Experiential Learner Programme													
Province in which the applicant choose to be placed: (Please refer to MISA/ CoGTA website)													
Name of Municipality: (Please refer to MISA/ CoGTA 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):					

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. DECLARATION:

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.

<p>Signature:</p>	<p>Date:</p>
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