



## GRADUATE – INTERNSHIP DEVELOPMENT PROGRAMME APPLICATION FORM

- This opportunity is ONLY opened to unemployed applicants younger than the age of 35 including persons with disabilities in the Amahlathi Local Municipality area, who are in possession of a 3-year Degree or National Diploma qualification from an accredited Tertiary Institution.
- The primary purpose of this graduate-internship program is the acquisition of skills, knowledge and experience in order to compete in the employment market. Permanent employment is not guaranteed at completion of the programme and no extension of contract shall be entered into. Should an opportunity arise within the municipality, such a position will be filled through the normal recruitment process.
- **NB:** If you apply for more than one field, please use a separate application form.

State the field of the Programme you are applying for	Ref No

### 1. PERSONAL PARTICULARS

Surname			
First Name(s)			
Citizenship		Passport No	
Identity Number		Age	
Gender		Race	
Disability (Y/N)		Type	
Driver's license (Y/N)		Code	
E-mail address		Cell No	
Postal Address		Home Address	

Have you been convicted of a criminal offence?	
<i>If yes, provide detail (Date, nature of offense)</i>	

Have you been dismissed from employment?	
<i>If yes, provide detail (Employer, Date, Reason for dismissal)</i>	

Have you participated in any Graduate /Internship Development programme before?	
<i>If yes, when and with which Institution?</i>	

Do you have any relative working for Amahlathi Local Municipality (ALM)	
<i>If yes, provide the name of relative and nature of your relationship</i>	



**6. PROFESSIONAL REGISTRATION****Essential Professional Registration(s)** – Compulsory registrations that a professional cannot operate without in his/her respective field(s)

Name of professional body currently registered with	Nature or category of registration

**Other Professional Registration(s)**

Name of professional body currently registered with	Nature or category of registration

**7. WORK EXPERIENCE / VOLUNTEER WORK / EXPERIENTIAL LEARNING / INSERVICE TRAINING**

Company	Start Date	End Date	Position	Reason for leaving

**8. COMPUTER LITERACY** *(Please indicate your current level of computer literacy)*

Level	Basic	Intermediate	Advanced
<b>Ms Word</b>			
<b>Ms Excel</b>			
<b>Ms PowerPoint</b>			
<b>Ms Outlook</b>			
<b>Other (Please specify)</b>			

**9. REFERENCES** *(Please provide three references who can be contacted for reference)*

Name	Relation	Telephone	E-Mail

**10. LEADERSHIP***(List the leadership positions you hold/held. What impact have you made in these?)*


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## 11. CAREER ASPIRATIONS

*(What kind of a career are you looking for and what actions have you taken towards achieving it?)*

## 12. DECLARATION

- I understand that all the information provided in my application may be followed-up and I authorise Amahlathi Local Municipality to contact any relevant person or institution for references.
- I declare that the above information is to my knowledge true and correct and I accept that if it were to be found that I withheld information, this application will be cancelled immediately.
- I authorise any school/University / employer to provide Amahlathi Local Municipality with relevant information that may be used in making a decision regarding this application.

## 13. SIGNATURE OF APPLICANT

DATE: \_\_\_\_\_

## 14. CHECKLIST

*(Please ensure that your documentation is duly certified by an authorised commissioner of oath)*

Document	Tick	Comments
<b>Proof of Residence</b>		
<b>ID Document</b>		
<b>Qualifications</b>		
<b>Short Course Certificates</b>		
<b>Academic Records</b>		