



**Collins Chabane Local Municipality  
Internship Application Form**

<p><b>Direction to Candidates:</b></p> <p>1. Applications on form with full particulars of the applicants' training, qualifications, skills, competencies, knowledge and experience (on a separate sheet or a CV).</p> <p>2. Applicants must indicate post name and where necessary a reference number of the vacancy in their applications.</p> <p>3. Applicants requiring additional information regarding an advertised post, must direct their enquiries to Lim 345 Corporate Services Department.</p> <p>4. Applications should be forwarded in time to the Municipality since applications received after the closing date will not be accepted.</p> <p><b>SPECIAL NOTES:</b></p> <p>1. Lim 345 Local Municipality subscribes to the principles of National norms and standards relating to employment equity. We assure you that your opportunity for employment with this Municipality depends solely on your qualifications.</p> <p>2. Please note that canvassing and lobbying will automatically disqualify your application</p>	<b>1. Post details</b>						
	<b>Position applying for:</b>						
	<b>Reference no:</b>						
	<b>Ward No:</b>						
	<b>2. Personal details</b>						
	<b>First Names</b>						
	<b>Surname</b>						
	<b>Date of Birth</b>						
	<b>ID Number</b>						
	<b>Do you have a drivers' license?</b>	<b>Yes</b>	<b>No</b>	<b>Code:</b>		<b>License No:</b>	
	<b>Gender</b>	<b>Male</b>	<b>Female</b>	<b>Are you a Previously Disadvantaged Individual?</b>		<b>Yes</b>	<b>No</b>
	<b>Are you disabled?</b>	<b>Yes</b>	<b>No</b>	<b>Nature of disability:</b>			
	<b>Are you a South African Citizen?</b>	<b>Yes</b>	<b>No</b>	<b>If no, state your Nationality:</b>			
				<b>Do you have a valid work permit?</b>	<b>Yes</b>	<b>No</b>	
	<b>3. Contact details</b>						
<b>Postal Address</b>							
<b>E-mail</b>							
<b>Telephone</b>							
<b>Cell</b>							
<b>Fax</b>							
<b>4. Language Proficiency</b>							
<b>Language</b>							
<b>Speak</b>							
<b>Read</b>							
<b>Write</b>							



**5. Educational qualifications**

**5.1 Tertiary Education**

Name of Institution	Qualifications	Year Obtained

**5.2 Secondary Education**

Highest Standard Passed	Exemption Yes/No	Year Obtained

**8. Declaration**

I declare that all the information provided (including the attachments) is complete and correct to the best of my knowledge. I duly authorize credential verification types including, but are not limited to, educational qualifications, professional membership, employment history, employment references, consumer credit, criminal record, drivers' license and fraud prevention checks. I understand that false information supplied could lead to my application being disqualified or discharged if I am appointed.

**Signature:**

**Date:**

**Return address:**

**Private bag X9271**

**Malamulele**

**0982,**

**Tel: 015 851 0110; Fax: 015 851 0097**