



a world class African city



City of Johannesburg

Johannesburg Water SOC Ltd

17 Harrison Street
Johannesburg

Johannesburg Water
PO Box 61542
Marshalltown
2107

Tel +27(0) 11 688 1400
Fax +27(0) 11 688 1528

www.johannesburgwater.co.za

JOHANNESBURG WATER APPLICATION FOR INTERNSHIP PROGRAMME

PLEASE NOTE THE FOLLOWING

1. This form must be completed in your **OWN** handwriting.
2. Please complete **ONE** application form for internship position applied for.
3. Originals of your identity document, testimonials, certificates and documents must be produced to register qualifications claimed when an internship offer is made.
4. Your appointment is subject to a medical examination where it is a safety requirement.
5. If after your appointment it is established that you have given false information you will be liable to instant dismissal.
6. The completed form must be sent to jw.humanresources@jwater.co.za, **closing date for Submission is 19 August 2020 at 16:00**

APPLICANT

Dr / Mr / Ms: (Initials and Surname): _____

Internship applied for: _____ Post Number _____

Directors:

Mr Sibusiso Buthelezi (Chairperson), Mr Ntshavheni Mukwevho (Managing Director), Mr Johan Koekemoer (Financial Director),
Dr Jack Maduna, Ms Aggie Sekoba, Ms Rachel Kalidass, Ms Patricia Marah, Professor Clinton Aigbavboa, Ms Mpusi Mangena;
Ms Nomvuyiso Batyi; Mr Mongezi Ntsokolo

Ms Kethabile Mabe (Company Secretary),
Johannesburg Water SOC Ltd
Registration Number: 2000/029271/30



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PERSONAL PARTICULARS

SURNAME: _____

FIRST NAMES: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

CODE: _____

TELEPHONE NUMBERS HOME (CODE: _____) _____

WORK (CODE: _____) _____

CELLULAR _____

E-MAIL ADDRESS: _____

INFORMATION REQUIRED FOR EMPLOYMENT EQUITY COMPLIANCE

RACE: _____ DATE OF BIRTH: _____

(Please tick ✓ in the correct)

FEMALE MALE

HOME LANGUAGE: _____

FLUENCY IN OTHER LANGUAGES: _____

NATIONALITY: _____

GENERAL INFORMATION REQUIRED

DO YOU HAVE A DRIVER'S LICENCE? YES NO

IF YES, PLEASE PROVIDE LICENCE CODE _____

DO YOU SUFFER FROM ANY HEALTH CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE TASK REQUIRED BY THE POSITION? YES NO

(Please ✓ in the correct)

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IF YES, PLEASE PROVIDE DETAIL _____

ARE YOU A PERSON WITH A DISABILITY?

(Please ✓ in the correct)

YES NO

IF YES, PLEASE PROVIDE DETAIL _____

PERMANENT RESIDENT IN SA

YES NO

SCHOOL EDUCATION

HIGH SCHOOL ATTENDED	FROM	UNTIL	HIGHEST STANDARD PASSED	FINAL YEAR SUBJECTS

HIGHER EDUCATION

COLLEGE/UNIVERSITY ATTENDED	FROM	UNTIL	DEGREE/ DIPLOMA STUDIED	COMPLETED YES / NO	MAJOR SUBJECTS PASSED

MAY WE REFER TO YOUR PRESENT EMPLOYER?

(Please ✓ in the correct)

YES NO

INDICATE THOSE EMPLOYERS WE CAN CONTACT TO OBTAIN REFERENCES:

NAME & SURNAME	COMPANY	POSITION	CONTACT

EARLIEST DATE OF COMMENCEMENT: _____

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EMPLOYMENT HISTORY

(Please provide the most recent employment first)

NAME OF EMPLOYER	PERIOD OF SERVICE		FINAL SALARY	POSITION HELD	FUNCTIONS AND DUTIES (Include specific skills and experience obtained)	REASON FOR LEAVING
	FROM MONTH & YEAR	TO MONTH & YEAR				

The information contained in this form will be treated as private and confidential.

I certify that the above information is true and I understand that any false statements or omissions herein could render any contract of employment concluded null and void.

I understand that reference checks will be made and that permitted psychometric and other tests / role plays, etc may be used as part of the process.

APPLICANT'S SIGNATURE

DATE

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