



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](http://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](mailto: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? (Please ✓ in the correct ☐) YES ☐ NO ☐

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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: \_\_\_\_\_

#### Directors:

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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<br>(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**

**Directors:**

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