



March 2021

## CITY POWER

# APPLICATION FORM FOR INTERNSHIP



a world class African city



## APPLICATION FORM FOR INTERNSHIP

- ✓ Kindly note that applications are only open to South African citizens aged between 18 and 35 years;
- ✓ The purpose of this form is to assist City Power in selecting suitable candidates for the internship programme;
- ✓ This form must be submitted in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form;
- ✓ All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicant; and
- ✓ Correspondence regarding the applications will be to the successful applicants only.

<b>A. PERSONAL DETAILS</b>				
Surname				
First Names				
Age				
ID Number				
Race	African	Colored	Indian	White
Gender			Female	Male
Do you have a disability?			Yes	No
If yes, elaborate				
Are you a South African citizen?			Yes	No
Do you have a criminal record?			Yes	No
If yes, elaborate				

<b>B. CONTACT DETAILS</b>			
Email address			
Mobile Number			
Physical Address			
Which Metropolitan Municipality do you reside in?			
<b>C. QUALIFICATIONS (Please attach certified qualifications certificate)</b>			
<b>Kindly tick the box that represents your academic qualification level</b>			
Completed Bachelors Degree			
Studying towards a Bachelors Degree			
Completed National Diploma			
Studying towards a National Diploma			
Completed Higher Certificate			
Post National Senior Certificate Qualification			
<b>HIGHEST QUALIFICATION OBTAINED</b>			
Name of institution	Name of Qualification	Qualification Type (e.g. Diploma, Certificate, Degree, etc.)	Year Obtained
<b>OTHER QUALIFICATIONS OBTAINED</b>			
Name of institution	Name of Qualification	Qualification Type (e.g. Diploma, Certificate, Degree, etc.)	Year Obtained
<b>D. DECLARATION</b>			
<i>I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.</i>			
Signature:	Date:		