

**MUNICIPAL INFRASTRUCTURE SUPPORT AGENT
MISA YOUNG GRADUATE PROGRAMME**

IMPORTANT INFORMATION

- Please complete in black ink.
- Sections A to F should be completed in full. Incomplete forms will not be accepted. Please note, your application must include the following documents :-
 - Reference number of the applied discipline/position
 - Curriculum vitae
 - Certified copies of relevant qualifications
 - Certified copy of the South African identity document
- Applications that do not comply will not be considered

A. POST PARTICULARS											
Programme: MISA Young Graduate Programme 2024/2025											
Province in which the applicant choose to be placed : (Please refer to MISA / COGTA website)											
State required discipline as per advert:											
B. DETAILS OF THE APPLICANT											
Title:						Initials:					
Surname:											
First Name(s):											
Date of Birth:						Are you a SA Citizen:	Yes		No		
ID Number:										Age:	
Please mark the relevant block					Gender:	MALE			FEMALE		
Race:	AFRICAN			WHITE			COLOURED			INDIAN	
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?								Yes	No		
If yes, specify:											
Do you have a previous criminal offence or pending criminal case(s)								Yes	No		
If yes, specify:											

Residential Address:	Postal Address: (If different from Residential address)
Contact Number:	Alternative Number:
E-mail Address (If applicable):	

C. LANGUAGE PROFICIENCY- State 'good', 'fair' or 'poor'

Languages					
Speak					
Read					
Write					
What is your highest standard passed? (attach proof)					
Do you have an additional completed qualification?	Yes		No		
If yes, specify: (attach proof)					
Are you currently studying?	Yes		No		If yes, specify.
Qualification:	Institution:				

D. WORK EXPERIENCE (If any)

Have you previously been employed by the Public Service?	Yes		No		
Have you previously been enrolled into one of the following programmes	Yes (If yes, put a cross on the relevant programme)		No		
Learnership					
Apprenticeship					
Experiential Learning					
Employer (Including current employer)	Position held	From	To	Reason for Leaving	
		MM	YY	MM	YY

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E. REFERENCES

Name	Relationship to you	Contact Number (s)

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F. DECLARATION:

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the young graduate programme being disqualified.

Signature:	Date:
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