

APPLICATION FORM (APP001)



Mr / Mrs / Miss / Ms / Dr / Prof		Candidate ID			Date:	
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PERSONAL DETAILS

Surname	Full Name(s)
Maiden Name / Previous Surname	
ID Number / Passport Number	
Nationality	
Marital Status	
Home Address	
Postal Address	
Cell Number	
Work Number	
Home Number	
Alternative Contact Number	Relationship
Email 1	Email 2
Disability	Intellectual Psychiatric/Mental Physical Hearing impaired Blind Albinism Epilepsy Deaf Other: _____
Disability Description	
Assistance needed	
Medication	
Criminal / Credit Record: Yes / No if yes, please explain	

LANGUAGES

LANGUAGE	SPEAK	READ	WRITE

COMPLETED / CURRENT QUALIFICATIONS

QUALIFICATION	INSTITUTION / TRAINING PROVIDER	YEAR COMPLETED / CURRENT

APPLICATION FORM



COMPLETED / CURRENT COURSES

QUALIFICATION	INSTITUTION / TRAINING PROVIDER	DATE COMPLETED / CURRENT

Are you currently undertaking any studies / training?

If so please provide details of your current studies?

Please include statement of results for current studies for our records, if any.

COMPUTER SKILLS

SOFTWARE PACKAGES	BEGINNER	INTERMEDIATE	ADVANCED
MS WORD			
MS EXCEL			
MS POWERPOINT			
OUTLOOK			

IF THERE ARE ANY OTHER COMPUTER PACKAGES THAT YOU HAVE USED, PLEASE LIST THEM BELOW

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)

EMPLOYER NAME	DATES FROM - TO	POSITION HELD	REASON FOR LEAVING

REFERENCES

COMPANY	NAME OF REFEREE	WORKING RELATIONSHIP eg. Direct Supervisor	CONTACT NUMBER(S)

ACTIVITIES: ANY ACTIVITIES EG. CHURCH CHOIR, HELPED WITH AN EVENT

APPLICATION FORM



POSITION WANTED

Protective Workshop	
Learnership	
Open labour market	
Type of position	

BASIC CRAFT/LABOUR SKILLS

Hand Sewing	YES		NO
Machine Sewing	YES		NO
Crochet/Knit	YES		NO
Woodwork	YES		NO
Beading	YES		NO
Basic Labour – Assembly/Labeling	YES		NO
Cooking/Baking	YES		NO
Leather Work	YES		NO
Admin	YES		NO
Computer	YES		NO
Cleaning	YES		NO
Packing	YES		NO
Other	YES		NO

OTHER INFORMATION

When will you be available to start work?	
What is your current salary ctc?	
What is your salary expectation ctc?	
Please provide any other information that you identify as being pertinent to this application? (for example, medical conditions, disabilities)	

DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment. I understand that this application does not constitute as an offer of employment. I understand that in some cases, criminal and credit checks will be required and I will be notified if this applies to an application.

Signed						Date					
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