

Only applicable to unemployed (section 18.2) Learners

1. Learnership details

Title of Learnership Qualification: _____

2. Applicant details

Full names: _____

Identity number: _____

Date of birth: _____

Sex: Male Female

Race: African Coloured

 Indian White Other

Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998?

(N.B: The Employment Equity Act defines a disability as a long-term or recurring physical or mental impairment which substantially limits prospects of entry into, or advancement in, employment).

YES (specify) _____ NO

Home address: _____

Postal address: _____

Telephone Number: _____ Cell No: _____

E-mail address: _____

2.1. What language/s do you speak at home? _____

2.2. Are you a South African citizen? YES NO

2.3. Highest level of education? _____ (example: Grade 7, ABET Level 2, Standard 10)

2.4. Have you previously undertaken a learnership? YES NO

If yes, specify title and code _____

2.5. Are you currently employed? YES NO

2.6 If you were unemployed before concluding this application, state for how long: _____

3. Parent or Guardian details

3.1. Full names: _____

3.2. Identity number: _____

3.3. Home address: _____

3.4. Postal address (different from above): _____

3.5. Telephone number: HOME () _____

WORK () _____

3.6. E-mail address: _____

Consent for Checks

PLEASE NOTE:

In line with the company recruitment and selection policy all shortlisted candidates hereby agree to:-

1. Undergo formal selection assessments
2. Undergo relevant medical examination, except HIV testing, for areas where it is an inherent requirement to furnish a medical fitness certificate as a job requirement
3. Provide consent for reference checking which will encompass: -
 - a. Criminal record
 - b. Credit record
 - c. Verification of citizenship

Declaration

I _____ (name and surname), hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any false information may constitute sufficient grounds to cancel this application.

I also hereby give permission to AfriSam to forward any personal information that I have provided in support of this application to its information verification suppliers in order to verify my personal credentials and records.

SIGNED:

DATE:

SUBMISSION DETAILS

FAX: (011) 767-7150 (Attention: Learning & Development Administrator)

E-MAIL: phindile.sibiya@za.afrisam.com