



merSETA

MANUFACTURING, ENGINEERING
AND RELATED SERVICES SETA

JOB APPLICATION FORM

PURPOSE

The purpose for this job application form is to assist the merSETA in selecting suitable candidates for advertised positions. This form may be used to identify candidates to be assessed; interviewed and placed in the advertised position. Applicants need to fill in this form completely and accurately as possible. This application form will help in processing your application fairly.

1. ADVERTISED POST

Position for which you are applying for.

(as stated in the advertisement)

Department:

(the department in which the position is located)

Reference Number

(As stated in the advert)

2. PERSONAL DETAILS

Title

Surname

First Names

Identity Number

Gender

M

F

Race

African

Coloured

Indian

White

Do you have a Physical Disability?

Yes

(Please provide details)

No

Are you a South African Citizen?

Yes

No

(If no, what is your nationality?)

Do you have a valid work permit?

Yes

No

Have you ever been convicted of a criminal offence, or been dismissed from your employment?

Yes

No

3. CONTACT DETAILS

Postal address

Email address

Telephone number

Cellphone number

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4. QUALIFICATIONS

Year Graduated	School/Institution/College/University	Highest Qualification Obtained (grade/degree)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. WORK EXPERIENCE

Employer	Position held	From	To	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. REFERENCES (Please provide names of three references we can contact to confirm details of your employment)

Name	Relationship to you	Tel. No. <small>(office hours)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. FAMILY DECLARATION

Do you have a relative working for the merSETA?

(If yes state the relationship)

Yes

No

8. APPLICANT'S DECLARATION

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct and complete. I understand that any false or willfully suppressed information will render my application null and void; and if appointed, I agree that my appointment shall be terminated.

Signature

Date

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