



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)

Division

(The division in which the position is located)

2. PERSONAL DETAILS

Title

Surname

First Names

Identity Number

Gender

Race

Do you have a Physical Disability?

If Yes to the above, please provide details.

Are you a South African Citizen?

If No to the above, provide Nationality.

Do you have a valid work permit?

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

3. CONTACT DETAILS

Postal Address

Email Address

Telephone Number

Cellphone Number

LEADERS IN CLOSING THE SKILLS GAP

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	Telephone No.(Office Hours)
<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 to the above, please state the relationship

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 wilfully suppressed information will render my application invalid; and if appointed, I agree that my appointment shall be terminated.

Signature

Date