



APPLICATION FORM FOR CANDIDATE TRAFFIC TRAINEES

IMPORTANT: Applicants must complete this form in full

1. Write or print in black ink only
2. Attach certified copies of all supporting documents such as your Grade 12 Certificate and Driver's License(s) (The RTMC reserves the right not to consider incomplete applications)
3. E-mail, fax or post the completed Application Form and supporting documents to the addresses indicated in the advertisement.

1. PERSONAL PARTICULARS

1.1 Title:	1.2 Surname:		
1.3 Full Names:			
1.4 ID/Passport Number:			1.5 Age:
1.6 Residential Address:		1.7 Postal Address:	
1.8 Tel Home: ()		1.9 Work: ()	
1.10 Cell:		1.11 E-mail:	

2. DETAILS OF CURRENT EMPLOYMENT *(if applicable)*

2.1	Employer:
2.2	Physical Address:
2.3	Position Held:
2.4	Period of Notice you need to give to leave:

3. EMPLOYMENT EQUITY INFORMATION (This information is required to enable the RTMC to comply with the requirements of the Employment Equity Act, Act 55 of 1998) – Mark the applicable block with an X

3.1	Race:	African	White	Coloured	Indian
3.2	Gender:	Male		Female	
3.3	Are you a SA citizen?	Yes		No (If No please complete item 3.5)	
3.4	Are you a person with a disability?	Yes (If Yes please complete item 3.6)		No	
3.5	SA Citizenship: Additional Information (If applicable)				
3.6	Disability: Additional Information (If applicable)				

4. EDUCATION AND TRAINING

4.1	Grade 12 Certificate (Or equivalent qualification):			
	Institution obtained from:	Year completed	Full- / Part time?	Main subjects passed
4.2	Tertiary Education:			
	Name of qualification (if applicable):			
	Institution obtained from:	Year completed	Full- / Part time?	Main subjects passed
4.3	Currently busy with any Tertiary qualification?			
	Name (if applicable):			
	Institution:	Scheduled date of completion?	Full- / Part time?	Main subjects

5. LANGUAGE PROFICIENCY (Name and mark the applicable block with a X)

	Language	Speak	Write	Read
5.1				
5.2				
5.3				
5.4				
5.5				

6. COMPUTER LITERACY

Computer Programmes I am trained to use		Level of Literacy (Basic, Average or Advanced)
6.1		
6.2		
6.3		
6.4		

7. DRIVING QUALIFICATION AND EXPERIENCE

	Name all driver's licenses you have obtained with it's applicable code	Year obtained
7.1		
7.2		
7.3		

8. HEALTH

	QUESTIONS	YES	NO	DETAILS AND DATES
	HAVE YOU HAD, OR DO YOU SUFFER FROM:			
8.1	Colour blindness			
8.2	Chronic eye trouble/disease			
8.3	Visual defect not corrected by glasses			
8.4	Ear problems e.g. ear infections, discharge			
8.5	Have you ever had a hearing test?			Result:
8.6	Gastric disorders or stomach trouble, including ulcers, hiatus hernia, etc			
8.7	Do you take any medication regularly (such as injections, tablets, pills, etc.)			
	If YES , please specify: <ul style="list-style-type: none"> Reason/for what condition: Name of medication and dosage: Frequency (How often): Duration of time using such medication: 			
8.8	Do you have any medical condition which may affect your ability to perform duties relating to the position for which you are applying?			If so please provide additional information:
8.9	Do you drink alcohol?			Approximately how much during a one week period?
8.10	Have you experienced any sudden changes in weight recently?			In what way?
8.11	Your Height in centimetre			
8.12	Your Weight in kilograms			
8.13	Describe your current health (include aspects such as physical hobbies or exercise):			

9. CRIMINAL RECORD (Mark the applicable block with a X)

	QUESTIONS	YES	NO	DETAILS
9.1	Have you ever been convicted of a criminal offence?			<i>If you marked the Yes block, provide additional information below)</i>
9.2	Is there any criminal, civil or disciplinary action pending against you?			
9.3	Have you ever been found guilty of misconduct at a previous employer?			
Additional information regarding any of the above 3 questions				

10. ADDITIONAL INFORMATION (Please provide any additional information which you think may support your application)

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11. REFERENCES (Which may be contacted)

Name	Relationship to you	Contact details (Tel, e-mail, fax,)

12. DECLARATION BY APPLICANT

<i>I declare that the information I have provided on this form is correct</i>	
Initials and Surname: _____	
Signature: _____	Date: _____

13. CHECK LIST TO ASSIST YOU: Have I attached the following supporting documents?

- 13.1 Copy of Grade 12 Certificate (or equivalent qualification) – **certified**.
- 13.2 Copy of other Tertiary (post Grade 12) qualifications – **certified**.
- 13.3 Copy of other training received (e.g., computer courses) – **certified**.
- 13.4 Copy of Driver's License(s), so that the code and number are clearly visible – **certified**.
- 13.5 Copy of Identity Document – **certified**.