

Learnership application form

Region (x)	Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> Gauteng <input type="checkbox"/> KZN <input type="checkbox"/> Free State <input type="checkbox"/> Limpopo <input type="checkbox"/> Northern Cape <input type="checkbox"/> Mpumalanga <input type="checkbox"/> North West <input type="checkbox"/>		
Date			
Surname			
First Name			
Address			
Home number			
Cellphone			
Alternative contact number			
RSA ID number			
Age			
Gender (x)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Disabled (x)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Race (x)	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian <input type="checkbox"/> White
Name of last school/ High School and highest grade passed			
INTERESTED IN FOLLOWING FIELD OF STUDY - INDICATE 1ST AND 2ND CHOICE			
<input type="checkbox"/> Business Studies (Business Practice)	<input type="checkbox"/> Wholesale & Retail		
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Cleaning		
<input type="checkbox"/> Team Leader/ Supervisor/ Management			



How did you hear about Siyaya Skills Institute? (x)

a friend newspaper Siyaya recruitment staff Facebook radio

APPLICATION FORM WAIVER

In exchange for the consideration of my application by Extrinsic (herein called 'the Company'), I agree that: Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employees handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misinterpretation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of the employment application, the Company may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

Signature of applicant _____ **Date** _____

FOR OFFICE USE ONLY

HAS LEARNER BROUGHT IN THE FOLLOWING (To be completed by Staff Member) :		
Document	Yes	No
Copy of ID		
Highest grade proof		
Proof of Disability		
Proof of Disability Grant		
Disability approved		

Disability approved by:

SIGNATURE NIKA OBERHOLSTER _____ DATE _____

