

TRUWORTHS

LEARNERSHIP ENTRANCE ASSESSMENT FORM

Thank you for applying for the Truworths Learnership Programme. By completing this form, you will assist us to give your application our full consideration. It will be handled in the strictest confidence.

PART 1

Checklist for Submission of Documentation	
Your application must be accompanied by the following documentation and be emailed to learnerships@truworths.co.za . Alternatively, courier your documents for attention Jaydrea Mahona, to HRD, 6th Floor at Truworths Head Office, PO Box 600, Cape Town, 8000.	
Applications with incomplete supporting documentation will not be considered. Please tick each document included in your application:	
Documents to be submitted:	Check:
• Learnership Entrance Assessment Form	
• Copy of Grade 12 Results (If applicable)	
• Copy of South African Identification Document	

PART 2

A	PERSONAL DETAILS (Mandatory)		Internal Applicant	External Applicant						
	Title:		Surname:							
First Name:										
Preferred Name:										
South African I.D. No.		Nationality:								
Residential Address:										
Postal Address:										
South African Province:										
Email Address:										
Telephone Numbers:	Home:	Work:	Cell Phone:							
Next of Kin:	Name:	Relationship:	Contact Number:							
List two/three closest Truworths or Identity stores:										
Language Proficiency (Include your level of competence in the following languages using a rating of 1 – 3 (1 = fluent & 3 = basic))										
English		Afrikaans		Zulu		Xhosa		Sotho		Venda

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Other (please specify)							
If you are a South African citizen, please select the below:							
SA by birth		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
SA by naturalisation		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If you are not a South African citizen, do you have a permanent residence status or valid work permit?							
Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, please provide details:			
Employment Equity: Truworths is committed to the principles of Employment Equity. To assist us, please provide details of your ethnic origin according to the categories indicated by the South African Department of Labour. Please also indicate if you are a Person with Disability.							
African <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify
For Truworths Employees only			Core Full-timer <input type="checkbox"/>		Core Flexi <input type="checkbox"/>		
Division:			Branch No.:		Employee No.:		
B EDUCATION							
Name of High school:							
From: (yr)							
To (yr)							
Highest Grade Passed:							
Please complete the subject details below							
Subject	HG / SG	Symbol/ Percentage	Subject	HG / SG	Symbol/ Percentage		

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POST MATRIC STUDIES			
Name of Institution	Qualification (Degree/Diploma/Certification/ Year of Study)	From/To Year	Subjects

C WORK EXPERIENCE (Please start with the most recent)

Date	Name of Organisation	Job Title	Key Responsibilities

LEARNERSHIP EXPERIENCE

Have you been on a SETA registered Learnership in the past?

Yes No

If yes, please specify:

D CONTACTABLE REFERENCES (Mandatory for External Candidates)

Name	Position	Relationship	Telephone No.	Email Address

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E FACTORS AFFECTING THE ROLE (MANDATORY)

Are you aware of any factors which may preclude you from performing your job function at Truworths?

Yes No

If yes, please specify.

F CRIMINAL RECORDS

Do you have a criminal record / have you previously been investigated by your employer relating to a dishonesty transgression or any other transgression related to your application?

Yes No

If so, please specify.

I certify that all the information is correct and understand that any deliberate misrepresentation may render invalid any contract of service offered or result in summary dismissal.

Signed

Date

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PART 3

1. In no more than fifty words, explain your reasons for wanting to enter this Learnership Programme:

2. Give two reasons why you want to work for Truworths:

3. List three of your strengths:

i. _____

ii. _____

iii. _____

4. List three things you would like to learn while on this Programme:

i. _____

ii. _____

iii. _____

For Office Use Only

Part Two

Literacy	Attention To Detail	Comprehension

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PART 4: AUTHORITY AND INDEMNITY (PLEASE READ THIS SECTION VERY CAREFULLY)

PLEASE NOTE: You will be required to tick the various tick boxes below to confirm that you agree to certain actions that Truworths needs to take in order to consider and process your application.

You agree that Truworths Limited and/or its authorised agent/s (“Truworths”) may provide your personal information to third parties in order to conduct the following verification procedures in respect of your application for employment:

1. Truworths may contact your references listed hereinabove, to verify the information provided by you and to direct questions to the person/s concerned in order to obtain information about you, your past performance and your suitability for the role for which you have applied/any other role for which you are being considered;
2. Truworths may provide your personal information to the South African Police Service in order to ascertain whether you have a criminal record;
3. Due to the nature of the position that you have applied for and in line with the National Credit Act Regulations, Truworths may do a credit check with any registered credit bureau in order to investigate your credit history and credit worthiness;
4. Truworths may take whatever action required to verify your qualifications.
5. Truworths may seek to verify any other content/aspects of your CV and/or any other information provided by you to Truworths for purposes of this application.

Truworths will conduct all verification procedures in accordance with and to the extent permitted by law.

You agree to indemnify all persons or entities requesting or supplying such information from any damage or liability caused as a result of the verification procedures.

You agree and irrevocably authorise Truworths to carry out the verification procedures set out above, in the manner and at the time that Truworths may deem necessary and/or appropriate.

You agree and authorise the South African Police Service to furnish Truworths with your personal information regarding your criminal background, criminal history, previous convictions and/or any other relevant information, including such information as is usually furnished by the Criminal Record Centre of the South African Police Service.

You agree to unconditionally indemnify and hold Truworths and the South African Police Service/the Minister of Police any third party harmless against all/any loss/damage that you may suffer arising out of/pursuant to Truworths carrying out the verification procedures set out hereinabove (or otherwise) and the disclosure of your personal information by the South African Police. You warrant that all the information that you provided to Truworths is correct and you understand that any incorrect information provided may result in any employment contract entered into being invalid or if employed, result in dismissal. Furthermore, you understand that attempting to gain employment by deception is a criminal offence.

Signed

Date

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STORE MANAGER REFERENCE SHEET

Compulsory to complete for Truworths Employees

Please answer all questions

Name of Candidate: _____ Employee Number: _____

Branch Number: _____ Division: _____

Date of last PD: _____ Last PD Rating: _____

I recommend the person for the Learnership Programme: Yes No

Please give reasons for your recommendation:

Any current disciplinary record: Yes No

If yes, please specify:

Over the last three months, on average, how many hours did the candidate work per month?

Store Manager's Name: _____ Date: _____

Store Manager's Signature: _____

Please **PRINT** the name of your Area and Regional Manager:

Area Manager: _____ Regional Manager: _____