

Work Experience:

(Please indicate last employment first)

Not applicable if none.

*Employer: (1) _____ Period: _____ Supervisor(Name and Surname)

Contact Details: Salary Date of leaving:

Responsibilities/Duties:

Reason for leaving: _____

*Employer: (2) _____ Period: _____ Supervisor(Name and Surname):

Contact Details: Salary: Date of leaving:

Responsibilities/Duties:

Reason for leaving: _____

*Special skills/ qualification (if any): Painter Hair stylist Paving Farm work Fencing Shelver Driver
Homebased care Petrol attendant Bricklayer Plumbing Educare Domestic work Gardening Admin
Filing Electrical Carpentry Secretarial Data capturing Panel beating Construction Book keeping Cashier
Security General work

Hobbies: _____

*Reference 1

Name: _____ Contact number: _____

*Reference 2

Name: _____ Contact number: _____

NB: CERTIFIED COPIES OF THE FOLLOWING DOCUMENTATION NEED TO BE ATTACHED TO THIS FORM:

ID DRIVERS LICENCE QUALIFICATIONS PROOF OF DISABILITY

I declare that the above information is correct and true. I also give permission for my personal information to be made available to service providers for the purpose of getting work. I understand that this process does not guarantee work and that it serves as a database. I will not hold Stellenbosch Municipality responsible for any damage experienced resulting from being on the database or obtaining work through it.

(Name and Surname)

Signed

Date