



RECEIVED: / /

CAPTURED: / /

REF NO: _____

UNEMPLOYMENT REGISTRATION FORM

PERSONAL INFORMATION

Full Name/s :

Surname: Tax Number :

Physical Address :

Area/Suburb: Ward:

ID Number:

Gender : Male Female Other _____

Marital Status : Drivers License:

Race: African White Coloured Indian Other _____

Health: Excellent Good Average Disability: _____

Criminal Record: Yes No If yes, explain _____

CONTACT DETAILS

Cell Phone : Alternative Number :

Email :

EDUCATIONAL INFORMATION

Highest Grade Passed: _____

Tick Your Choices

English <input type="checkbox"/>	Needle Work <input type="checkbox"/>	Technology <input type="checkbox"/>	Business Studies <input type="checkbox"/>
Afrikaans <input type="checkbox"/>	History <input type="checkbox"/>	Maths Literacy <input type="checkbox"/>	Wood Work <input type="checkbox"/>
IsiXhosa <input type="checkbox"/>	Geography <input type="checkbox"/>	Social Science <input type="checkbox"/>	Arts & Culture <input type="checkbox"/>
Mathematics <input type="checkbox"/>	Home Economics <input type="checkbox"/>	Natural Science <input type="checkbox"/>	Information Technology <input type="checkbox"/>
Biology <input type="checkbox"/>	Business Economics <input type="checkbox"/>	Life Orientation <input type="checkbox"/>	Computer Aided Design <input type="checkbox"/>
Science <input type="checkbox"/>	Economics <input type="checkbox"/>	Accounting <input type="checkbox"/>	Economic Management Sciences <input type="checkbox"/>

Computer Literacy Yes No

Word Excel Pastel PowerPoint Outlook Other: _____

Tertiary Education Yes No

Institution Year

Course _____



UNEMPLOYMENT REGISTRATION FORM

SPECIAL SKILLS

Tick Your Skills



Painter

Hair Stylist

Paving

Farm Work

Fencing

Shelver

Driver

Home Based 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

Other _____

WORK EXPERIENCE

(Please indicate last employment first)

EMPLOYER	POSITION	FROM		TO		REASON FOR LEAVING
		MM	YY	MM	YY	

REFERENCES

Name:

Contact No:

Name:

Contact No:

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

ID

Drivers Licence

Qualification

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 (Print)

Signature

Date