# THE POWER OF BEING UNDERSTOOD

## APPLICATION FOR AN EMPLOYMENT CONTRACT

Name:

Application for the position of:

### APPLICATION FOR A TRAINING CONTRACT

Name:

Year to start training: \_\_\_\_\_

#### OFFICE LOCATION

Please send to the office of your choice:

JOHANNESBURG johannesburg@rsmza.co.za Executive City, Corner of Cross St & Charmaine Ave, President Ridge Randburg 2125 CAPE TOWN capetown@rsmza.co.za 15 Greenwich Grove Station Road Rondebosch Cape Town 7700



PERSONAL INFORMATION					
Surname:					
First Names:					
Name we should call you:					
Title:					
Cellphone number:					
Home telephone number:					
Email address:					
Postal address (term):					
Postal address (vacation):					
Residential address (term):					
ID number:					
Driver's license code:					
Car available for work:					
Home languages:					
Other languages:					
Race (For EEA purpose):					
Nationality:					
If not SA, valid student/work visa?					
Any criminal offences (details):					
Heard about us via:					

#### EDUCATIONAL QUALIFICATIONS SECONDARY EDUCATION

Institution:	
Years attended: From – To	
Levels attained:	
Achievements/Awards:	

Please attach a certified copy of your matriculation certificate to this application form.



TERTIARY EDUCATION						
Degree:						
Institution:						
Years attended: From – To						
Degree obtained and year:						
Achievements/Awards:						
Please attach an origina	Please attach an original transcript of your results to this application form					
Н	ONOURS/CTA/GDA etc					
Degree:						
Institution:						
Year:						
Achievements/Awards:						
Please attach an origina	al transcript of your results to this application form					
OTH	ER COURSES COMPLETED					
Course topic:						
Course length:						
Establishment:						
Course topic:						
Course length:						
Establishment:						
Course topic:						
Course length:						
Establishment:						
EMPL	EMPLOYMENT HISTORY					
Please start with the most recent						
Position held:						
Dates of Employment: From – To						
Duties/Responsibilities:						
Reason for leaving:						
Salary (total cost):						
Benefits:						
Reported to/Manager:						
May we contact for a reference?						



EMPLOYMENT HISTORY						
Position held:						
Dates of Employment: From – To						
Duties/Responsibilities:						
Reason for leaving:						
Salary (total cost):						
Benefits:						
Reported to/Manager:						
May we contact for a reference?						
COMPUTER PACKAGES (please circle)						
Microsoft Word	ADVANCED	INTERMEDIATE	BASIC	N/A		
Microsoft Excel	ADVANCED	INTERMEDIATE	BASIC	N/A		
Outlook	ADVANCED	INTERMEDIATE	BASIC	N/A		
Caseware	ADVANCED	INTERMEDIATE	BASIC	N/A		

GENERAL					
Leadership Roles:					
Sporting and other information:					
Any other information:					
Is there anything else which, if					
disclosed, could adversely affect					
our decision to employ you?					
Please provide details:					
Availability:					
			credit check being done		
I hereby warrant that the information in this form is true and correct. I hereby consent to an ITC credit check being done. I hereby consent to my personal information being collected, recorded, stored and updated, as well as the dissemination					
by means of transmission, and/or distribution	0	•			
Signed at o	on this the	day of	20		
		_ ddy or	_ 20		
Signature of applicant		_			

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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