

## DEPARTMENT OF LABOUR - ESSA REGISTER AN INDIVIDUAL



AGE:

GRADE:

CODE:

## PLEASE COMPLETE THE FORM IN BLOCK LETTERS.

	Detail	and co	orrect infor	mation wi							suitable op	portunity f	or you.		
									PERSON						(4.19
Identity Number (13	Digits)† '	•						1			initials†				
First Namest		1000-00-01													
Surname†							Mai	den S	urname						
Disability No	one	Blindne	ess C	Chronic Co	ditions	5	Deafn	ess	Mental	/ Neurolog	gical Condition	ns	Physic	al disability	
Equity Group	lot applica	able	Indian	Colour	ed	Wh	nite Af	rican	Gender		Male F	emale			
Marital Status V	Vidower		Widow	Divorc	ed	:	Single		Married	Criminal	Status	None	Offender	Rehabilita	ted
If Offender: Parole/F	Release D	ale	d d	m m	у	у	уу	Nati	onality	South Af	rica If not	specify:			
ID Document Preser	nted and	Verifie	d ?†	Yes	N	0	Name an	d Sun	name of De	L Officia	1				
Accept Terms†		Yes	No	Make my	CV de	tails	available	to oth	er organis	ations†	Ye	es	No		
Do you have access	to OWN	transp	ort?†	Yes	N	0									
Individual Type†		Employe	ed Worksee	ker Indi	idual i	n a pi	roject Ir	ndividu	al seeking	info (	Other Place	d by ESSA	Une	mployed works	seeker
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Willing to relocate (	If yes ple	ase	Yes	Not	applica	ble /	Unspecific	ed	Eastern C	ape	Free State	Kwaz	zulu Natal	North W	est
specifify the Provin	ce/s)		No	Fore	ign / n	on So	outh Africa	in	Western (	Cape	Limpopo	Mphi	umalanga	Gauteng	
If YES Please spec	ify the To	wns w	ithin the Pr	rovince	1	- 11,480			2			3			
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See the ball of the second of the second	evels: 1, 2, 3, 4 NQF 5 = Na	tional Dinloma/Occupation	al Certificate NC	F 6 = Rachelors	/ First degree N	IOF 7 = Profess	ional qualific	ation / honours	
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	sons for leaving: ( Due to	F = End of Learnership	G =Pension	retirement H	= Employer dec	ceased I=	Medical cond	dition - General	
	only indicate by: A / B / C / I / I / J / K / L / M / N / O / P )	J = Medical condition	- Maternity	K = Retrenche	d L=	Still employed	M = F	Probation failed	
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