LEARNERSHIP ENTRANCE ASSESSMENT FORM

Instructions:

Thank you for your interest in applying for the Truworths Learnership Programme. By completing this form, you will assist us in giving your application our full consideration. It will be handled in the strictest confidence. Please note the following:

- All forms must be **completed in FULL**.
- Forms must be completed in **BLACK** ink and printed in **BLOCK LETTERS**.
- Please submit your application form **before the closing date**. Late applications and incomplete forms may not be considered.

PART 1

Checklist for Submission of Documentation					
Your application must be accompanied by the following documentation and be emailed to learnerships2021@truworths.co.za . 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					
Certified copy of Grade 12 Results (If applicable)					
Certified copy of South African Identification Document					

PART 2

PERSONAL DETAILS (N	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:				

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Language Proficiency (Include your level of competence in the following languages using a rating of $1-3$ (1 = fluent, 2 = competent & 3 = basic)											
(1 = fluer	nt, 2 = cc	mpetent &	3 = basic)								
English		Afrikaans		Zulu		Xhosa		Sotho		Venda	
Other (pl	ease spe	ecify)									
If you are a South African citizen, please select the below:											
SA by birth Ye				Yes	es 🔲 No 🗌						
SA by na	SA by naturalisation Yes No No										
If you are	e not a S	outh Africa	n citizen, d	o you	have a p	ermanent	residen	ice status o	r valid work p	ermit?	
Yes 🗌	No 🗌	If yes, p	lease prov	ride de	etails:						
Employment Equity: Truworths is committed to meeting the principles and objectives of the Employment Equity Act. To assist us in monitoring compliance with this Act, 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 [□ Wh	nite 🗌 C	oloured [] In	dian 🗌	Disab	ility	Yes 🗌	No 🗌	Specify	
For Truv	vorths E	imployees	only	C	ore Full-ti	imer 🗌		Core Flex	ti 🗌		
Division	:			В	ranch No) .:		Employe	e No.:		
EDUCAT	EDUCATION										
Name of School:	High										
From: (yı	r)										
To: (yr)											
Highest (Grade										

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Please complete the subject details below

Subject	HG / SG	Symbol/ Percentage	Subject	HG / SG	Symbol/ Percentage

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

С	WORK EXPERIENCE (Please start with the most recent)					
	Date	Name of Organisation	Job Title	Key Responsibilities		

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Have you been on a SETA registered Learnership in the past?												
Yes No No I												
								CONTACTABLE	E REFERENCES (Man	datory for External C	andidates)	
								Name	Position	Relationship	Telephone No.	Email Address
FACTORS AF	FECTING THE ROLE	(MANDATORY)										
			performing your job	function at Truworths?								
			performing your job	function at Truworths?								
Are you aware	e of any factors which m		performing your job	function at Truworths?								
Are you aware	e of any factors which m		performing your job	function at Truworths?								
Are you aware Yes No If yes, please CRIMINAL RE	e of any factors which me specify. ECORDS a criminal record / have	nay preclude you from	nvestigated by your	employer relating to a								
Are you aware Yes No If yes, please : CRIMINAL RE Do you have a dishonesty tra	e of any factors which mespecify. ECORDS a criminal record / have nsgression or any othe	nay preclude you from	nvestigated by your	employer relating to a								
Are you aware Yes No If yes, please CRIMINAL RE Do you have a dishonesty tra Yes No I	e of any factors which mespecify. ECORDS a criminal record / have nsgression or any othe	nay preclude you from	nvestigated by your	employer relating to a								
Are you aware Yes No If yes, please : CRIMINAL RE Do you have a dishonesty tra	e of any factors which mespecify. ECORDS a criminal record / have nsgression or any othe	nay preclude you from	nvestigated by your	employer relating to a								
Are you aware Yes No If yes, please s CRIMINAL RE Do you have a dishonesty tra Yes No If so, please s	e of any factors which me specify. ECORDS a criminal record / have nsgression or any othe pecify. the information is corre	you previously been in r transgression related	nvestigated by your to your application?	employer relating to a ?								
Are you aware Yes No If yes, please s CRIMINAL RE Do you have a dishonesty tra Yes No If so, please s	e of any factors which mespecify. ECORDS a criminal record / have nsgression or any othe pecify.	you previously been in r transgression related	nvestigated by your to your application?	employer relating to a								

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PART 3

Give two reasons why you want to	work for Truworths:		
List three of your strengths:			
i			_
			-
i			-
i			-
iiiiiiiiit List three things you would like to	learn while on this Program	nme:	
ii three things you would like to	learn while on this Program	nme:	
iiiiiiiiit List three things you would like to	learn while on this Program	nme:	
ii three things you would like to	learn while on this Program	nme:	
iii	learn while on this Program	nme:	

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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 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 and to direct questions to the person/s concerned in order performance and your suitability for the role for which you being considered;	er to obtain information about y	ou, your past
2.	Truworths may provide your personal information to the Sascertain whether you have a criminal record;	South African Police Service in	order to
3.	Due to the nature of the position that you have applied fo Regulations, Truworths may do a credit check with any re your credit history and credit worthiness;		
4.	Truworths may take whatever action required to verify yo	ur qualifications.	
5.	Truworths may seek to verify any other content/aspects of provided by you to Truworths for purposes of this applica	•	ormation
Truw	orths will conduct all verification procedures in accordance	with and to the extent permitte	ed by law.
	agree to indemnify all persons or entities requesting or sup by caused as a result of the verification procedures.	plying such information from a	ny damage or
	agree and irrevocably authorise Truworths to carry out the er and at the time that Truworths may deem necessary ar		above, in the
regar inforn	agree and authorise the South African Police Service to fur ding your criminal background, criminal history, previous c nation, including such information as is usually furnished b an Police Service.	onvictions and/or any other rel	evant
of Po Truw your to Tr emple	agree to unconditionally indemnify and hold Truworths and lice any third party harmless against all/any loss/damage orths carrying out the verification procedures set out her personal information by the South African Police. You was uworths is correct and you understand that any incorpyment contract entered into being invalid or if employment that attempting to gain employment by deception is	that you may suffer arising or einabove (or otherwise) and t rrant that all the information the rect information provided materials oyed, result in dismissal. Further	ut of/pursuant to he disclosure of nat you provided by result in any
Signe	ed .	Date	

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LEARNERSHIP ENTRANCE ASSESSMENT FORM STORE MANAGER REFERENCE SHEET

Compulsory to complete for <u>Truworths Employees</u> 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 Lear	nership Programme: Yes 🗌 No 🔲
Please give reasons for your recomm	nendation:
Any current disciplinary record: Yes	□ No □
If yes, please specify:	
Over the last three months, on avera-	ge, how many hours did the candidate work per
month?	
Store Manager's Name:	Data
_	Date:
Store Manager's Signature:	
Please PRINT the name of your Area	a and Regional Manager:
Area Manager:	Regional Manager:

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