

# Route Management Work Integrated Learning *application*

Complete this form in your own handwriting. All information will be treated as confidential

## Work Integrated Learning that you are applying for:

- Mechanical Engineering
- Electrical Engineering - Low
- Electrical Engineering - High
- Mechatronics Engineering

## Application Checklist

Please ensure that the following documents are included with your applications

- COPY OF IDENTITY DOCUMENT
- COPY OF HIGHEST SCHOOL GRADE PASSED
- COPIES OF OTHER QUALIFICATIONS LISTED
- COPY OF COURSE CERTIFICATES AS LISTED
- COPY OF DRIVERS LICENSE

Please forward fully completed application with above mentioned document to route-recruitment@satb.co.za with #2021EXPTRAINEE

**I declare that the below information is complete and true and I understand that false information can lead to being disqualified from the course**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 1. Personal information

Full Name \_\_\_\_\_

Surname \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth YYYY / MM / DD \_\_\_\_\_

Identity Number \_\_\_\_\_

Nationality \_\_\_\_\_

Gender \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Language \_\_\_\_\_

Contact Number \_\_\_\_\_

Alternative Contact Number \_\_\_\_\_

Driver License \_\_\_\_\_ Code \_\_\_\_\_

Email Address \_\_\_\_\_

Describe any sickness and/or disabilities \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3. Education

#### 3.1 School Training

Name of School \_\_\_\_\_

City/Town \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Highest Grade Passed \_\_\_\_\_

#### 3.2 Tertiary Training

Name of Institution \_\_\_\_\_

City/Town \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Qualification Obtained \_\_\_\_\_

Name of Institution \_\_\_\_\_

City/Town \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Qualification Obtained \_\_\_\_\_

#### 3.3 Further Courses

Name of Institution \_\_\_\_\_

City/Town \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Qualification Obtained \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 4. Work History

### 4.1 Work Experience

Name of Employer \_\_\_\_\_

Position Held \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Reason of Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Position Held \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Reason of Leaving \_\_\_\_\_

### 4.2 Other Relevant Experience

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### 4.3 Contactable References

Company Name \_\_\_\_\_

Name \_\_\_\_\_

Surname \_\_\_\_\_

Contact Number \_\_\_\_\_

Company Name \_\_\_\_\_

Name \_\_\_\_\_

Surname \_\_\_\_\_

Contact Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. General

Previous Criminal Convictions

Yes

No

Transport to use to and from training?

Own

Public

Other \_\_\_\_\_

### 5.1 Tell us more about yourself and why you want to do Work Integrated Learning with our company.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_