

POTENTIAL EMPLOYEE INFORMATION FORM

DATE: _____

NAME: _____

PHONE NUMBER: _____

MOBILE NUMBER: _____

ADDRESS
LOCATION: _____

RELEVANT
QUALIFICATION: _____

EXPIRY DATE OF
QUALIFICATION: _____

ANY OTHER RELEVANT
TRAINING: _____

EXPIRY DATE: _____

PRESENT EMPLOYER: _____

RELEVANT
EXPERIENCE: _____

FULL DRIVING
LICENCE: _____

OWN TRANSPORT: _____

ANY FURTHER RELEVANT
INFORMATION: _____