



BEST

Clothing & Gifts

Tel. (011) 314 2321
 hr@bestclothing.co.za
 www.bestclothing.co.za

Unit 6 Alphen Square South
 c/o 16th Road & George Road
 Randjespark; Midrand

To enable us to evaluate your application, please complete this questionnaire and email it with your supporting documentation to hr@bestclothing.co.za

CIMA LEARNERSHIP APPLICATION FORM

Remember to include the following information in your application:

- Best Clothing Application Form
- Motivation Letter
- Curriculum Vitae
- Senior Certificate
- Other Qualification Certificate
- Academic Transcripts

| | | | | |
|--|---|--|--|---|
| Application Type | I am interested in... | You may indicate your interest in more than one of the options | | |
| | | Vacation Work <input type="checkbox"/> | Permanent Employment <input type="checkbox"/> | CIMA Internship <input type="checkbox"/> |
| | I am available for vacation work during... | March / April <input type="checkbox"/> | June / July <input type="checkbox"/> | August / September <input type="checkbox"/> |
| | | Nov / Dec <input type="checkbox"/> | Other (comment below) <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | Vacation work - available dates: | From: _____ To: _____ From: _____ To: _____ From: _____ To: _____ From: _____ To: _____ | | |
| Employment / Internship - commencement date: | Permanent employment date: _____ CIMA Internship date: _____ | | | |
| Comments: | _____ _____ _____ | | | |

| | | | | |
|-----------------------------|-----------------------|---------------------------------|----------------------------------|--|
| Personal Information | Name: | _____ | | |
| | Surname: | _____ | | |
| | ID Number: | _____ | | |
| | Nationality: | _____ | | |
| | Home Language: | _____ | | |
| | Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| | Marital Status: | Single <input type="checkbox"/> | Married <input type="checkbox"/> | |
| | Number of Dependents: | _____ | | |
| | Drivers License: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Criminal Offences: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

| | | |
|------------------------|----------------------|-------|
| Contact Details | Contact Number: | _____ |
| | E-mail Address: | _____ |
| | Residential Address: | _____ |

| | | | | |
|-----------------------------|-----------------|------------------------------------|------------------------------------|--------------------------------------|
| Interview Preference | Preferred Time: | Afternoon <input type="checkbox"/> | Morning <input type="checkbox"/> | After hours <input type="checkbox"/> |
| | Preferred Day: | Monday <input type="checkbox"/> | Wednesday <input type="checkbox"/> | Friday <input type="checkbox"/> |
| | | Tuesday <input type="checkbox"/> | Thursday <input type="checkbox"/> | Saturday <input type="checkbox"/> |

Signature

Date