



MARIENTAL MUNICIPALITY

APPLICATION FOR EMPLOYMENT

(NOTE: This form must be completed in ink by the applicant in his/her own handwriting and CV, certified copies of educational certificates and Identification documents must be attached)

APPLICATION FOR EMPLOYMENT AS:

If post has been advertised:

Advertised in: Date:

A. PERSONAL PARTICULARS

1. Surname (also maiden name if applicable) (in block letters):
2. First names (in block letters):
3. Date of birth: Namibian Identity Number:
4. Citizenship: Sex:
5. Marital status (mark with an "X" in the appropriate space): Single Married
6. Postal address:
7. Residential address:
8. Telephone number: Email address:
9. Driver's License code..... Date obtained.....
10. Have you ever been convicted of a criminal offence or been dismissed from employment?.....
11. Is a criminal or any other case against you pending? If so, furnish particulars on a separate sheet.
12. Do you suffer from any physical and/ or mental effect or disease?.....
13. Have you sustained any injury in terms of the provisions of the Workmen's Compensation Act, 1941, as amended?.....
14. Have you ever been dismissed or asked to resign on account of illness or medical unfitness?
.....(If so, state particulars on a separate sheet).

B. LANGUAGE PROFICIENCY

		State "Good", "Fair" in the appropriate space				
	English	Other (specify)				
Speak						
Read						
Write						

C. QUALIFICATIONS

Name of educational institute and centre	Certificate and/or diplomas obtained	All subjects. Underline major subjects. In the case of typing and shorthand, state language and speed	Month and Year obtained
School	State highest qualifications only	
Universities, Colleges and other institutions	State all qualifications	
State field of further study (if any):			
Number of years apprenticeship successfully completed		Agreement No.	Institution
If your profession or occupation requires state or official registration, state date and particulars of registration:			

D. SCHEDULE OF PRESENT AND PREVIOUS POSITIONS

Employer	Post held	From			To			Reason for change
		Day	Month	Year	Day	Month	Year	

E. REFERENCES

Name	Occupation	Contact Number

F. DECLARATION

I declare that the above particulars are complete and correct and I have not withheld any required information.

.....
Signature

.....
Date

NOTE: A false declaration will disqualify your application or may lead to your discharge if discovered after your appointment.