ONGWEDIVA TOWN COUNCIL

Private Bag 5549
ONGWEDIVA

Tel. 065-233700
Fax.065-230521

APPLICATION FOR EMPLOYMENT

Note: 1. This application form consists of six (6) pages and the applicant in his/her own handwriting must complete it in ink (typing is not permissible) and, together with a comprehensive Curriculum Vitae (CV) and all required supporting documents, must submit it to Council. All questions must be answered and if Not Applicable (N/A) it must be indicated as such. **Failure to complete the application form in full even where it is Not Applicable (N/A) and submit it to the council shall result in automatic disqualification of the application**.

2. If a space on the form is insufficient, please give details in an additional own sheet that must be attached thereto.

A. PERSONAL PARTICULARS

Surname (in capital letters): _____ First name/s in capital letters): _____ Maiden name, if any (in capital letters): _____		
Position applied for: _____ Where did you learn of this vacancy? _____		
Identity number _____ **Note: A certified copy of Identity card must accompany the application form. Failure to do so shall result in automatic disqualification.**	Date of birth: _____ Citizenship _____	Marital status _____
Period of residence in Namibia: _____	Citizenship: _____	Number of dependants: _____
Permanent Postal Address: _____ _____	Permanent Physical Address: _____ _____	Tel.(H), if any_____ Tel.(W), if any_____ Cell phone_____

		Email address:_____

Have you ever been dismissed from any position?

_____

Have you ever been convicted of a criminal offence?

_____

_____

Note: A certified copy of Certificate of Conduct from the Namibian Police not older than six (6) months indicating that no evidence of criminality is recorded against the applicant must accompany the application form. Failure to do so shall result in automatic disqualification

Type of driver's licence, if any. If Not Applicable (N/A), please indicate s as such:

_____

NB: If required, a certified copy of valid driving licence must accompany the application form. Failure to do so shall result in automatic disqualification.

B. LANGUAGE PROFICIENCY

In the schedule below indicate proficiency as "Good", "Fair" or "Poor". If Not Applicable (N/A), please indicate as such.

Language	Read (Good or Fair or Poor)	Write (Good or Fair or Poor)	Speak (Good or Fair or Poor)

C. EDUCATION AND TRAINING

What is the highest standard you have passed at school? _____Year _____

Name and place of school:_____

Indicate the subjects you have passed in the last year of full-time schooling. (Indicate symbol obtained in brackets next to the subject). If Not Applicable (N/A), please indicate as such.

Subject:	**Subject:**

In the schedule below, give details of any university training (both under-graduate and post-graduate, if any) you have followed. If Not Applicable (N/A), please indicate as such:

Name of Institution	**Name of course followed**	**Main subjects passed**	**Year in which course had commenced**	**In which year completed**

Certified copy/ies of educational qualification/s from institution/s supported by NQA Qualification Evaluation Report/s, if required, must accompany the application form. Failure to do so shall result in automatic disqualification.

y/

Indicate intentions of improving qualifications, if, any, giving details: If Not applicable (N/A), please indicate as such.

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D. HEALTH

Do you suffer or have you in the past suffered from any of the following medical conditions?

Heart	Yes	No	Back	Yes	No	Epilepsy	Yes	No
Lung disease or asthma	Yes	No	High blood pressure	Yes	No	Any illness	Yes	No

Have you ever had any serious illness or operation? Yes / No

If, yes, please give details and dates: .....

E. PRESENT EMPLOYER

1. Name of employer.....

2. Address of employer.....

3. Present position held .....Tel.....

4. Name & title of direct supervisor .....

5. Give a brief description of your duties .....

   .....

   .....

6. Commencement date in the resent position.....

7. Remuneration:

   a) Present basic salary: N$ ..... p.a.

   b) Allowances N$..... p.a.

   c) Bonus N$ ..... p.a.

   d) Total remuneration (a+b+c) N$ ..... p.a.

Note: Certified copy/ies of reference letter/s or employment confirmation letter from current employer must accompany the application form to prove position/s held, job level and years of experience. If not applicable indicate "N/A". Failure to do so shall result in automatic disqualification.

F. PREVIOUS EMPLOYMENT

Name of employer	From (date)	To (Date)	Job title at Employment	Job title at resignation	Reason for termination

Note: Certified copy/ies of reference letter/s or certificate/s of service or employment confirmation letter from previous employer/s must accompany the application form to prove position/s held, job level and years of experience. If not applicable, indicate "N/A". Failure to do so shall result in automatic disqualification.

Date available for assumption of duty .....

G. REFERENCES

Name three persons, not relatives, from whom enquiries can be made about you.

Name	**Address**	**Contact details**	**Occupation**

_____

DATE ***SIGNATURE OF APPLICANT***

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

ONGWEDIVA TOWN COUNCIL MEDICAL REPORT **(Note: this medical report must be completed (not optional) and signed by a medical practitioner and must be submitted as part of this application form; Failure to do so shall result in automatic disqualification)**

POST APPLIED: _____

Name: _____ Date of birth: _____ Length: .....m. Mass: .....Kg. Date of examination		
Replies are to be indicated by means of a cross in the appropriated square:		
1. Has the applicant been successfully vaccinated?	Yes	No
2. Is the applicant overweight?	Yes	No
3. Are there any scars, disfiguration or operation scars?	Yes	No
4. a) Has the applicant any defect of: i) Hearing? ii) Speech? iii) Teeth?	 Yes Yes Yes	 No No No

iv) Sight?	Yes	No
b) Visual acuity according to Snellens Type:	Without glasses	With glasses
i) Left eye:	Yes / No	Yes / No
ii) Right eye:	Yes / No	Yes / No

Are there any signs or evidence of disease or abnormality of the following systems?			
5. (a) Circulatory system:	Systolic	Yes	No
(b) Blood pressure reading:	Diastolic	Yes	No
6. Respiration system:		Yes	No
7. Digestive system:		Yes	No
8. Genito-Urinary system:		Yes	No
9. Nervous system:		Yes	No
10. Skin		Yes	No
11. Skeleton and joints:		Yes	No
12. Any other illness:		Yes	No

13. If any answer is "Yes", except 1, full details thereof should be furnished here:

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14. Are you convinced that, based on your medical observations the applicant is suitable for permanent employment?	Yes	No

..... *Medical Practitioner's signature*	Professional qualification/s:_____ Seal or date stamp: