



MUNICIPALITY OF OTJIWARONGO

APPLICATION FOR EMPLOYMENT (Rule14)

PLEASE NOTE:

THIS FORM MUST BE COMPLETED IN INK BY THE APPLICANT IN HIS/HER OWN HANDWRITING AND IN BLOCK LETTERS

INITIALS AND SURNAME

POSITION APPLIED FOR

JOB SEEKER DATABASE

ADDRESS THE COMPLETED APPLICATION FORM WITH CERTIFIED PROOF OF YOUR QUALIFICATION AND EXPERIENCE TO:

THE HUMAN RESOURCES SECTION
PRIVATE BAG 2209
OTJIWARONGO

ENQUIRIES:  (067) 32231

A. PERSONAL PARTICULARS

First names and surname (in block letters)					
Namibia ID Number				Marital status:	
Date of Birth					
Period of Residence in Namibia		Nationality		If not a Namibian Citizen, state permit number for Permanent Residence	
Present Home Address			Present Postal Address		
Telephone Number:					
Home:Code:..... Cell No:.....					

B. EDUCATION AND TRAINING

1. HIGH SCHOOL EDUCATION

What is the highest grade you have passed at school?	
Grade Passed:	Year:
Proof hereof must accompany this application form (certified copy only).	

C. LANGUAGE PROFICIENCY

In the schedule below indicate proficiency as "Good", "Fair", "Poor" or "None".

Language	Read	Write	Speak

D. EMPLOYMENT HISTORY

IN THE SCHEDULE BELOW, GIVE DETAILS OF ALL THE POSITIONS HELD BY YOU (From first until present position)			
Employer	Post held	Period of Service	
		Month	Year
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	

Details of present (or if unemployed most recent position). Briefly summarise key tasks:

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E. REFERENCES

Name(s) & Surname	Address E-mail and Telephone Number	Occupation

Type of driver's licence:.....

F. Do you have any previous criminal records?

G. EMPLOYMENT EQUITY

In terms of the Affirmative Action Act, please identify your classification:

Previously advantaged male	<input type="checkbox"/>	Previously disadvantaged female	<input type="checkbox"/>
Previously advantaged female	<input type="checkbox"/>	Male with Disability	<input type="checkbox"/>
Previously disadvantaged male	<input type="checkbox"/>	Female with Disability	<input type="checkbox"/>

Kindly elaborate on the disability (if applicable):

H. DECLARATION

I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT AND THAT I HAVE ATTACHED ALL THE REQUIRED CERTIFIED COPIES OF MY QUALIFICATION, EXPERIENCE AND ANY OTHER REVELANT DOCUMENTATION.

.....
SIGNATURE OF APPLICANT

.....
DATE