



TSUMEB MUNICIPALITY

Moses Garoeb Street
Fax +264 (67) 221464

Tel +264 67 221056

APPLICATION FOR EMPLOYMENT

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

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

THE HUMAN RESOURCES AD ADMINISTRATION DEPARTMENT
P.O. BOX 275
TSUMEB

ENQUIRIES: (067) 221056/7

A. PERSONAL PARTICULARS

First names and surname (in block letters) Mr/Ms.....		
Namibian ID Number		Date of Birth
Marital Status :.....		Number of Dependant children :.....
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.:.....		Telephone Number: Work:..... Code:..... Fax:..... Code:..... Email:.....

B. EDUCATION AND TRAINING

1. HIGH SCHOOL EDUCATION

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

2. TERTIARY EDUCATION

Name of Institution	Courses followed e.g. BA, B Comn, NDT	Main Subjects passed (indicate passes with distinction by underlining)	Indicate whether course has been' (i) Completed/ not completed and (ii) Which year:
1.		1. 2. 3. 4. 5.	

2		1. 2. 3. 4. 5. 6. 7.	
3.		1. 2. 3. 4. 5. 6. 7.	
4.		1. 2. 3. 4. 5. 6. 7.	

3. PROFESSIONAL BODY OR INSTITUTE

<p>Are you a member of a professional body or institute? Yes_____ No_____</p> <ul style="list-style-type: none"> • If yes, name the body or institute • Registered as • Registration number 	
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C. LANGUAGE PROFICIENCY

In the schedule below indicate proficiency as “Good”, “Poor” or “None”

Language	Read	Write	Speak
English			
Other (Specify)			

D. EMPLOYMENT HISTORY

IN THE SCHEDULE BELOW, GIVE DETAILS OF ALL THE POSITIONS HELD BY YOU (From First until present position)			
Employer	Position Held	Period of Service	
		Month	Year
		From:..... To:.....	
		From:..... To:.....	
		From:..... To:.....	
		From:..... To:.....	
		From:..... To:.....	

Details of present (or if unemployed most recent position) **Briefly summarize key tasks:**

-
-
-
-
-

E. REMOVAL COSTS

Transport of Household will be required fromto TSUMEB

F. REFERENCES

Name(s) & Surname	Address, Email and Telephone/ Contact Number	Occupation

G. GENERAL

Present Annual Salary N\$.....

Vehicle Allowances N\$.....

Housing Allowance N\$.....

Cellphone Allowance N\$.....

Bonuses: 13th Cheque N\$.....

Benefits:

Date available for assumption of duty:

Type of Driver's Licence

H. ADDITIONAL INFORMATION

i. Have you ever been convicted of a criminal offence?	Yes	No
ii. Is there a criminal or any other case pending against you?	Yes	No
iii. Have you ever been dismissed from employment?	Yes	No
iv. Have you ever been boarded on medical grounds?	Yes	No
<i>If yes in any of these, furnish full particulars on a separate sheet</i>		

i. HEALTH CONDITION

i. Do you have any health/medical condition that requires attention?	Yes	No
ii. Have you ever undergone surgery/operation? When? On what?	Yes	No
<i>If yes in any of the above, specify:.....</i>		
.....		

J. EMPLOYMENT EQUITY

In terms of the Affirmative Action Act, please clarify your classification/category.

Previously advantaged male		Previously disadvantaged female	
Previously advantaged female		Disabled male	
Previously disadvantaged male		Disabled female	

K. DECLARATION OF APPLICANT

I understand and agree that, should I be appointed in the service of Council such appointment will be subject to the Labour Act, 2007, the provisions of the Personnel Rules, any other applicable rules and policies of Council, the conditions of service and the standing resolutions of the Council.

I declare that the information provided by me in this application form is correct and I have not withheld any required information.

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

Signature of Applicant

Date