

MUNICIPALITY HENTIES BAY



APPLICATION FOR EMPLOYMENT

INITIALS AND SURNAME

POSITION APPLIED FOR

ADDRESS THE COMPLETED APPLICATION FORM WITH THE APPROPRIATE DOCUMENTS TO:

**THE HUMAN RESOURCES DEPARTMENT
P O BOX 61
HENTIES BAY**

ENQUIRIES: _____



(064) 502 000/___

NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED!

A. PERSONAL PARTICULARS

First names and surname (in block letters) Mr/Ms.....		
Namibia 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: E-Mail:

B. EDUCATION AND TRAINING

1. SCHOLASTIC EDUCATION

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

2. POST-SCHOLASTIC EDUCATION

Name of Institution	Courses followed eg. BA, B.Comm, NDT	Main subjects passed (indicate passes with distinction by underlining)	Indicate whether course had been (i) completed/not completed and (ii) in which year

C. LANGUAGE PROFICIENCY

In the schedule below indicate proficiency as “Good”, “Fair”, “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	Post held	Period of Service	
		Month	Year
		From	
		To	
		From	
		To	
		From	
		To	
		From	
		To	
		From	
		To	

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

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E. REMOVAL COSTS

Transport of household will be undertaken from to Henties bay.
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F. REFERENCES

Name	Address and telephone number	Occupation

G. GENERAL

Present annual salary:

Allowances:

Bonuses:

Benefits:

Date available for assumption of duty:

Type of driver's licence:

H. Do you have any previous criminal records?

I. EMPLOYMENT EQUITY

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

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

Previously disadvantaged male

J. DECLARATION

I DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT AND I UNDERTAKE TO FURNISH ATTESTED COPIES OF TESTIMONIALS / CERTIFICATES AND OTHER APPROPRIATE DOCUMENTS IMMEDIATELY ON REQUEST.

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SIGNATURE OF APPLICANT

DATE