



## KAMANJAB VILLAGE COUNCIL

**P.O. BOX 81  
KAMANJAB**

**TEL: 067-330051  
FAX: 067-330061**

### APPLICATION FOR EMPLOYMENT

<b>First Names and Surname (in Block Letters)</b>
<b>Position applied for:</b>
<b>Where did you learn of this vacancy?</b>

**PLEASE NOTE:** THE APPLICANT IN HIS/HER HANDWRITING MUST COMPLETE THIS FORM IN BLACK INK. ALL QUESTIONS MUST BE ANSWERED.

*If the space is insufficient please give details in a separate letter attached to this form.*

#### A. PERSONAL PARTICULAR

First Name and Surname (in block letters)		Mr/Mrs/Ms	Maiden Name:
Identity number	Date of birth	Marital status	
Period of residence in Namibia:	Citizenship	No. of Dependants	
Permanent Postal Address: _____ _____ _____	Tel: (H) _____  Tel: (W) _____	Other means of contact if no telephone is available  _____	
Have you ever been dismissed from any position?  _____			
Have you ever been convicted of a criminal offence?  _____			

Type of driver's license

**B. LANGUAGE PROFICIENCY**

In the schedule below indicate proficiency as "Good", "Fair" or "Poor"

Language	Read	Write	Speak

**C. EDUCATION AND TRAINING**

What is the highest grade you have passed at School? _____ Year _____												
Name of place and school: _____												
Indicate the subjects you have passed in the last year of full schooling. (underline subjects passed with distinction)												
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Subject</th> <th style="width: 50%;">Subject</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Subject	Subject										
Subject	Subject											
<i>(Proof hereof must accompany this application form and original must be presented at interview)</i>												

**In the schedule below, give details of any university training as well as any other post school studies you have followed:**

Name of Institution	Name of course followed	Main subjects passed	Year in which course had commenced	In which year did you complete

Indicate intentions of improving qualifications, give details:

.....  
 .....  
 .....

**D. HEALTH**

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

Heart	Yes	No	Back pain	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? Give details

.....  
 .....

**E. PRESENT EMPLOYER**

1. Name of Employer:.....
2. Address of Employer.....
3. Present position held.....Tel.....
4. Name and title of direct supervisor.....
5. Give a brief description of your duties.....  
 .....  
 .....

**6. REMUNERATION**

- a) Present Salary N\$.....p.a
- b) Allowances N\$.....p.a
- c) Bonus N\$.....p.a

**G. REFERENCES**

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

NAME	ADDRESS	CONTACT DETAILS	OCCUPATION

I declare that the above particulars are complete and correct and I promise to furnish copies of testimonials, educational certificates and other appropriate documents immediately on request.

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**

**NOTE: false declaration will disqualify your application or may lead to your discharged if discovered after your appointment**