REPUBLIC OF NAMIBIA

PUBLIC SERVICE OF NAMIBIA

APPLICATION FOR EMPLOYMENT

PLEASE NOTE:
1. This form must be completed in ink by the applicant in his/her own handwriting and, if available, certified copies of educational certificates must be attached.
2. The Health Questionnaire must also be completed and attached to this form.

A. EMPLOYMENT DESIRED

1. Nature of employment desired or post applied for:

2. Ministry(ies)/Department(s) in order of preference:

3. Centre(s) where appointment is preferred in order of preference:

4. When can you assume duty?

5. If post has been advertised, Reference: ........................................
   Advertised in: ........................................................................
   Date: .....................................................................................

B. PERSONAL PARTICULARS

1. Surname (also maiden name if applicable) (in block letters)

2. First names (in block letters)

3. Mark with an “X” in the appropriate spaces.
   (i) Male
   (ii) Female
   (iii) Married
   (iv) Single

4. Date of birth:

5. Passport No.:........................................

6. Work permit No.:............................... (if applicable)

7. Postal Address:

8. Residential Address:

9. Telephone No.: Home:.............................. Work: .........................

10. Citizenship: ........................................

11. Have you ever been convicted of a criminal offence or been dismissed from employment?.................................
   Is a criminal or any other case against you pending? If so, furnish particulars on separate sheet.

C. LANGUAGE PROFICIENCY

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**D. QUALIFICATIONS**

<table>
<thead>
<tr>
<th>Name of educational institute and centre</th>
<th>Certificates and/or diplomas obtained</th>
<th>ALL SUBJECTS. Underline major subjects. In the case of typing and shorthand, state languages and speed</th>
<th>Month and Year obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>State highest qualification only</td>
<td>....................................................................................................................................................</td>
<td></td>
</tr>
<tr>
<td>Universities, Colleges and other institutions</td>
<td>State all qualification</td>
<td>....................................................................................................................................................</td>
<td></td>
</tr>
</tbody>
</table>

State field of further study (if any):

<table>
<thead>
<tr>
<th>Number of years apprenticeship successfully completed</th>
<th>Agreement No.</th>
<th>Institution</th>
</tr>
</thead>
</table>

If your profession or occupation requires State or official Registration, state date and particulars of registration:

**E. EXPERIENCE**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Post held</th>
<th>From</th>
<th>To</th>
<th>Reason for change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Day</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F. CONTRACTUAL OBLIGATIONS**

Do you have any contractual obligations, e.a. study, military, bursaries, etc? (If so, describe)

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

**G. DECLARATION**

I declare that the above particulars are complete and correct and I have not withheld any required information.

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

Signature  Date

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

**FOR OFFICIAL USE**

Particulars in B1 to 4, certified correct from Birth Certificate/ Identity Document

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

Signature  Rank  Date
REPUBLIC OF NAMIBIA

HEALTH QUESTIONNAIRE

FOR DEPARTMENTAL USE

Accepted/Rejected in accordance with directions

Signature

Date: 
Rank: 
Department: 

A.

1. Surname (in block letters) 
Identity No.: 

2. First Names: 

3. Age yrs. 
4. Height: cm 
5. Body mass: kg

B

<table>
<thead>
<tr>
<th>Are you suffering or have you ever suffered from:</th>
<th>Mark with an “X” in the appropriate column</th>
<th>If any answers is “Yes”, give details of the nature, severity, date and duration of the illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any skin disease?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Any affection of the skeleton and or joints?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Any affection of the eyes, ears, nose or teeth</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Any affection of the heart or circulatory system?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Any affection of the chest or respiratory system?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Any affection of the digestive system?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you suffering or have you ever suffered from:</td>
<td>Mark with an &quot;X&quot; in the appropriate column</td>
<td>If any answers is &quot;Yes&quot;, give details of the nature, severity, date and duration of the illness</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7. Any affection of the urinary system and / or genital organs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Any nervous affection or mental abnormality?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Any other illness?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

C

1. Do you suffer from any defect of hearing, speech or sight?

2. Are you physically disabled and do you use artificial limbs?

GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:

D

Have you undergone any operation(s)?

GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S):

E

I declare that the above information is true and correct and that I have not withheld any information regarding my health.

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