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**PUBLIC SERVICE OF NAMIBIA**

**APPLICATION FOR EMPLOYMENT**

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| PLEASE NOTE: | 1. This form must be completed by the applicant in full except where it is not applicable. 2. Curriculum Vitae must be attached by all applicants. 3. All applicants must attach certified copies of educational certificates and identification documents. 4. The Health Questionnaire must be completed in full and attached to this form.5. Mark with an “X” where appropriate. 6. Applicants must use one application form for each position applied for. ***Failure to comply with the above mentioned requirements, will result in immediate disqualification.*** |

**A. EMPLOYMENT DESIRED**

|  |  |
| --- | --- |
| 1. Position applied for:  Click here to enter text.    3. Duty station:  Click here to enter text. | 2. Office/Ministry/Agency/Regional Council in order of preference:  Click here to enter text.  4. When can you assume duty? Click here to enter a date.  5. If post has been advertised, Reference: Click here to enter text.  Advertised in: Click here to enter text.  Date: Click here to enter a date. |

**B. PERSONAL PARTICULARS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. a) Surname (in block letters)  Click here to enter text.  b) Maiden name if applicable (in block letters)  Click here to enter text. | | 9. Gender/Marital status | | |
| 2. First names (in block letters)  Click here to enter text. | | |  |  | | --- | --- | | (i) Male |  | | (ii) Female |  | | (iii) Married |  | | (iv)Single |  | | | |
| 3. Namibian Identity Number:  Click here to enter text. | 4. Date of birth:  Click here to enter a date. |  | | |
| 5. Passport No:  Click here to enter text.  Citizenship:  Click here to enter text. | 6. Work Permit No.:  (If applicable)  Click here to enter text. |
| 7. Postal Address:  Click here to enter text. | 8. Residential Address:  Click here to enter text. |  | | |
|  | | |
| 10. Contact details. :  Home No: Click here to enter text. Mobile No: Click here to enter text. Work No: Click here to enter text.  Fax No:Click here to enter text. Email: Click here to enter text. Fax2mail: Click here to enter text.  Name of alternative contact person: Click here to enter text. Telephone/Mobile No: Click here to enter text. | | | | |
| 11. Are you a person with disability? Yes  No  (If yes, provide details under part. C of the Health questionnaire) | | | | |
| 12. Additional Information | | |  |  |
| 12. 1 Have you ever been convicted of a criminal offense? | | | No | Yes |
| 12. 2 Is a criminal or any other case pending against you? | | | No | Yes |
| 12. 3 Have you ever been dismissed from employment? | | | No | Yes |
| 12.4 Have you ever been boarded on medical grounds? | | | No | Yes |
| If yes in any of these, furnish full particulars on separate sheet | | | | |

**C. EMPLOYMENT PARTICULARS (Applicants in the Public Service only)**

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| --- |
| 1. Office/Ministry/Agency/Regional Council: Click here to enter text. 2. Duty Station: Click here to enter text. 2. Job Designation:Click here to enter text. 3. GradeClick here to enter text. 4. Date of Appointment in current post (dd-mm-yyyy): Click here to enter a date. 5. Scale of SalaryClick here to enter text.7. Salary NotchClick here to enter text.   8. Is your probation in the current post confirmed? Yes  No  If yes, attach the confirmation letter. |

**D. LANGUAGE PROFICIENCY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | State “good”, “fair”, “poor” in the appropriate spaces | | | | | |
|  | English | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Speak | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Read | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Write | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**E. QUALIFICATIONS (1. Attach relevant documents. 2. All foreign qualifications must be evaluated by Namibia Qualification Authority (NQA))**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name of educational institute and centre | Certificates and/or diplomas obtained | **ALL SUBJECTS. Underline major** **subjects**. In the case of typing and shorthand, state language as speed | | | Month and year obtained |
| 1.1 School  Click here to enter text. | State highest qualification only  Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| 1.2 Universities, Colleges and other institutions  Click here to enter text. | State all qualifications  Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| State field of further study (if any): Click here to enter text. | | | | | |
| Number of years apprenticeship successfully completed:  Click here to enter text. | | | Agreement No:  Click here to enter text. | Institution:  Click here to enter text. | |
| If your profession or occupation requires Statutory registration, state date and particulars of registration:  Click here to enter text. | | | | | |

**F. EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Post held | From | To | Reason for Change |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

**G. CONTRACTUAL OBLIGATIONS**

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| --- |
| Do you have any contractual obligations, i.e. study, bursaries, etc.? (If so, describe)  Click here to enter text. |

**H. DECLARATION**

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| I I do hereby 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**

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| --- |
| Particulars in B1 to 6, certified correct from Birth Certificate / Identity Document.  ................................................................... .............................................................. ..................................  Signature Rank Date |