



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

<p>1. Nature of employment desired or post applied for:</p> <p>3. Centre(s) where appointment is preferred in order of preference:</p>	<p>2. Ministry(ies) Department(s) in order of preference:</p> <p>4. When can you assume duty?</p> <p>5. If post has been advertised, Reference: Advertised in: Date:</p>
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B. PERSONAL PARTICULARS

1. Surname (also maiden name if applicable) (in block letters)	3. Mark with an "X" in the appropriate spaces.	
2. First names (in block letters)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">(i) Male</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">(ii) Female</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">(iii) Married</div> <div style="border: 1px solid black; padding: 5px;">(iv) Single</div>	
3. Namibian Identity Number: 		4. Date of birth:
5. Passport No.: Citizenship:		6. Work Permit No.: (If applicable)
7. Postal Address:		8. Residential Address:
9. Contact No(s) : Home: Work : Fax no..... Email:..... Fax2mail:.....		
11. 1 Have you ever been convicted of a criminal offense?	No Yes	
11. 2 Have you ever been dismissed from employment?	No Yes	
11. 3 Is a criminal or any other case against you pending?	No Yes	
If yes in any of the these, furnish full particulars on separate sheet		

C. LANGUAGE PROFICIENCY

	State "good", "fair", "poor" in the appropriate spaces				
	English	Other (Specify)			
Speak					
Read					
Write					

D. QUALIFICATIONS

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
School	State highest qualification only	
Universities, Colleges and other institutions	State all qualification	
State field of further study (if any):			
Number of years apprenticeship successfully completed:		Agreement No:	Institution:
If your profession or occupation requires State or official registration, state date and particulars of registration:			

E. EXPERIENCE

Employer	Post held	From			To			Reason for Change
		Day	Month	Year	Day	Month	Year	
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F. CONTRACTUAL OBLIGATIONS

Do you have any contractual obligations, ea. study, military, busaries, etc.? (If so, describe)

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G. DECLARATION

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

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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.

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Signature Rank Date