

# Municipality of Swakopmund



## APPLICATION FOR EMPLOYMENT

**PLEASE NOTE:**

THIS FORM MUST BE COMPLETED IN INK BY THE APPLICANT IN HIS/HER OWN HANDWRITING AND IN BLOCK LETTERS

INITIALS AND SURNAME

POSITION APPLIED FOR

ADDRESS THE COMPLETED APPLICATION FORM WITH THE APPROPRIATE DOCUMENTS TO:

THE HUMAN RESOURCES DEPARTMENT  
P O BOX 53  
SWAKOPMUND

ENQUIRIES:  (064) 4104224/5



**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<br>(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 (or if unemployed most recent position). **Briefly summarise key tasks:**

.....

.....

.....

.....

.....

**E. REMOVAL COSTS**

|   |
|---|
| Transport of household will be undertaken from ..... to Swakopmund. |
|---|

**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                   |  |
| Previously disadvantaged male |  | Disabled female                 |  |

**J. DECLARATION**

**I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT AND THAT I HAVE ATTACHED ALL THE REQUIRED CERTIFIED COPIES OF MY QUALIFICATIONS AND ANY OTHER RELEVANT DOCUMENTATION.**

.....  
SIGNATURE OF APPLICANT

.....  
DATE