



+264 64 410 4224/5 | swkmun@swkmun.com.na | P O Box 53, Swakopmund, Namibia

APPLICATION FORM FOR EMPLOYMENT

TERMS AND CONDITIONS

1. This form must be completed in ink by the candidature in his/her own handwriting and in block letters.
2. This form must be completed in full, accurately, and legibly. All substantial information relevant to your candidature must be provide in this form. Any additional information may be provided on the CV.
3. All information received will be treated with strict confidentiality and will not be used for any other purposes than to address the suitability of the applicant.

INITIALS AND SURNAME

ADVERTISED POSITION APPLYING FOR

Address the completed employment application form with all your relevant required documentation to:

The Human Capital Section
Corporate Services & Human Capital Department
P O Box 53
Swakopmund, Namibia

Enquiry to be made at ☎ +264 64 4104224 and/or +264 64 4104225

PERSONAL DETAILS <i>[Please complete in block letters]</i>																												
Title		Surname																										
First Name/s																												
Namibian ID Number:																Date of Birth							/			/		
<i>[Please attach certified copy]</i>																												
Marital Status						Number of dependent children																						
Period of residence Namibia					Nationality																							
If not a Namibian Citizen, state Work Permit Number (if any)																												
Do you have a disability?				Yes <input type="checkbox"/>				No <input type="checkbox"/>																				
If yes, elaborate:																												
CANDIDATE CONTACT DETAILS																												
Present physical address																												
Present postal address																												
E-mail																												
Contact number																												
LANGUAGE PROFICIENCY <i>[In the schedule below indicate proficiency as "Good", "Fair", "Poor" or "None"]</i>																												
Language	Read				Write				Speak																			
English																												
Other (Specify)																												
SCHOLASTIC EDUCATION																												
What is the highest grade you have passed at school?																												
Grade						Year																						
<i>A certified copy of your highest scholastic education should be attached to your application (It is compulsory)</i>																												
PROFESSIONAL REGISTRATION																												
Professional Body					Membership Number					Expiry date																		
Professional Body					Membership Number					Expiry date																		

TERTIARY QUALIFICATION DETAILS

Qualification <small>(e.g. BA; B.Comm, NDT)</small>	Institution	Main Subjects passed. <small>(indicate passes with distinction by <u>underlining</u>)</small>	Completed (Yes / No)		Date / Year Completed
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

EMPLOYMENT DETAILS (CURRENT / MOST RECENT)

Current Employer	
Position/Occupation	
Date of Employment	
Duties	
Reason for leaving	

EMPLOYMENT DETAILS (PAST)	
Previous Employer	
Position/Occupation	
Date of Employment	
Duties	
Reason for leaving	
Previous Employer	
Position/Occupation	
Date of Employment	
Duties	
Reason for leaving	

Previous Employer	
Position/Occupation	
Date of Employment	
Duties	
Reason for leaving	
Previous Employer	
Position/Occupation	
Date of Employment	
Duties	
Reason for leaving	

CRIMINAL RECORD				
Were you convicted of a criminal offence? If yes, provide details on a sperate sheet.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, type of offence				
Date case finalized				
Outcome/Judgement				
REFERENCES				
REFEREE 1				
Name				
Occupation				
Contact No. (Office hours)				
Cell phone No.				
Email Address				
REFEREE 2				
Name				
Occupation				
Contact No. (Office hours)				
Cell phone No.				
Email Address				
REFEREE 3				
Name				
Occupation				
Contact No. (Office hours)				
Cell phone No.				
Email Address				
CONSENT				
Do you consent to the Municipality of Swakopmund contacting the references provided on this form?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
REMOVAL COST				
Transport of your household will be undertaken				
From		To	Swakopmund	
DRIVER'S LICENSE				
Type		Code		

PRESENT PAY SCALE		
Present Annual Salary	N\$	
Allowances	N\$	
Bonuses	N\$	
Benefits	N\$	
Other Benefits		

ASSUMPTION OF DUTY

Available for assumption of duty with the Municipality of Swakopmund
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Date	
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EMPLOYMENT EQUITY

In terms of the Affirmative Action Act, please identify your classification:
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Previously advantaged male	<input type="checkbox"/>	Previously disadvantaged female	<input type="checkbox"/>
Previously advantaged female	<input type="checkbox"/>	Disabled male	<input type="checkbox"/>
Previously disadvantaged male	<input type="checkbox"/>	Disabled female	<input type="checkbox"/>

DECLARATION

I hereby declare that all the information provided in this application and any certified attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.

SIGNATURE OF APPLICANT	DATE