



## ONGWEDIVA TOWN COUNCIL

Private Bag 5549

Tel. 065-233700

**ONGWEDIVA**

Fax.065-230521

### APPLICATION FOR EMPLOYMENT

First Names and Surname (in Block Letters)
Position applied for:
Where did you learn of this vacancy?

**PLEASE NOTE:** THE APPLICANT IN HIS/HER OWN HANDWRITING MUST COMPLETE THIS FORM IN INK.  
ALL QUESTIONS MUST BE ANSWERED.

*If the space is insufficient please give details in a separate letter attached to this form.*

#### A. PERSONAL PARTICULARS

First names and surname (in block letters) Mr/Mrs/Miss		Maiden Name
Identity number	Date of birth	Marital Status
Period of residence in Namibia:	Citizenship	No. of Dependants
Permanent Postal Address: _____ _____ _____	Tel.(H) _____ Tel.(W) _____ _____	Other means of contact if no telephone: _____ _____
<p>Have you ever been dismissed from any position? _____</p> <p>Have you ever been convicted of a criminal offence? _____ _____</p> <p>Type of driver's licence: _____</p>		

**B. LANGUAGE PROFICIENCY**

In the schedule below indicate proficiency as "Good", "Fair" or "Poor"

Language	Read	Write	Speak

**C. EDUCATION AND TRAINING**

What is the highest standard you have passed at school? \_\_\_\_\_  
 Year \_\_\_\_\_  
 Name and place of school:  
 \_\_\_\_\_

Indicate the subjects you have passed in the last year of full time schooling.(Underline subjects passed with distinction)

Subject:	Subject:

(Proof hereof must accompany this application form and original must be presented at interview)

**In the schedule below, give details of any university training as well as any other post school studies you have followed:**

Name of Institution	Name of course followed	Main subjects passed	Year in which course had commenced	In which year completed

Indicate intentions of improving qualifications, giving details:

.....  
 .....

**D. HEALTH**

Do you suffer or have you in the past suffered from any of the following medical conditions?

Heart	Yes	No	Back	Yes	No	Epilepsy	Yes	No
Lung disease or asthma	Yes	No	High blood pressure	Yes	No	Any illness	Yes	No

Have you ever had any serious illness or operation? Give details and dates.

.....  
 .....

**E. PRESENT EMPLOYER**

1. Name of Employer.....
2. Address of Employer .....
3. Present position held .....Tel.....
4. Name & title of direct supervisor .....
5. Give a brief description of your duties .....
- .....
- .....
6. Commencement date in present position .....
7. Remuneration:
  - a) Present Salary: N\$ ..... p.a.
  - b) Allowances N\$ ..... p.a.
  - c) Bonus N\$ ..... p.a.

**F. PREVIOUS EMPLOYMENT**

Name of Employer	From	To	Job title at Employment	Job title at Resignation	Reason for Termination

Date available for assumption of duty  
 .....

**G. REFERENCES**

Name three persons, not relatives, from whom enquiries can be made about you.

Name	Address	Tel. No.	Occupation

I declare that the above particulars are complete and correct and I promise to furnish attested copies of testimonials, educational certificates and other appropriate documents immediately on request.

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**DATE**

**SIGNATURE OF APPLICANT**

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

# ONGWEDIVA TOWN COUNCIL

## MEDICAL REPORT

**POST APPLIED:** \_\_\_\_\_

Name: _____			
Date of birth: _____			
Length: .....m.		Mass: .....Kg.	
Date of examination .....			
Replies are to be indicated by means of a cross in the appropriated square:			
1. Has the applicant been successfully vaccinated?	Yes	No	
2. Is the applicant overweight?	Yes	No	
3. Are there any scars, disfiguration or operation scars?	Yes	No	
4. a) Has the applicant any defect of:			
i) Hearing?	Yes	No	
ii) Speech?	Yes	No	
iii) Teeth?	Yes	No	
iv) Sight?	Yes	No	
b) Visual acuity according to Snellens Type:	Without glasses	With glasses	
i) Left eye:	Yes	No	
ii) Right eye:	Yes	No	
Are there any signs or evidence of disease or abnormality of the following systems?			
5. (a) Circulatory system:	Systolic	Yes	No
(b) Blood pressure reading:	Diastolic	Yes	No
6. Respiration system:		Yes	No

(... Continued next page)

(Medical Report Continued...)

7. Digestive system:		Yes	No
8. Genito-Urinary system:		Yes	No
9. Nervous system:		Yes	No
10. Skin		Yes	No
11. Skeleton and joints:		Yes	No
12. Any other illness:		Yes	No
13. If a cross appears in any shaded square, except 1, full details thereof should be furnished here: ..... ..... .....			
14. Are you convinced that, based on your medical observations the applicant is suitable for permanent employment?	Yes	No	
..... <i>Medical Practitioner's signature</i>	<u>Professional Qualifications:</u>		