



ONIIPA TOWN COUNCIL

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PO Box 25179
Onandjokwe, Namibia

Onandjokwe Road
Oniipa, Namibia

APPLICATION FOR EMPLOYMENT

NOTE:

- (a) This form should be completed, in full, by the applicant in his/her own handwriting in ink
- (b) This form should be accompanied by a detailed CV, recently certified copies qualifications, identity documents and any other supporting documents that are deemed relevant for the job being applied for.
- (c) All foreign qualifications should be accompanied by the certificate of evaluation from the Namibia Qualifications Authority (NQA).

DATE OF APPLICATION:

Position Applied for:	
Department :	
From where and when did you learn about this vacancy:	
When can you assume duty if appointed:	

1. PERSONAL INFORMATION

1.1 Personal Particulars

Title:	Surname:	Maiden Name:
Full Names:		Gender:
Date of Birth:	Age:	Identification No.:
Place of Birth:		Country:
Nationality:		Marital Status:
Current Residential Address:		Postal Address:
Telephone (H):		Telephone (W):
Mobile phone No:		E-mail:
Drivers Licence:		Drivers Licence Code:
Licence Number:		Date of Issue of Drivers Licence:

1.2 Declaration of Conflict of Interest

Do you have any family member/ relative employed at Oniipa Town Council in the capacity of a staff or Council member? (No need to mention the name)..... (Yes/No)

Note: Any misstatement on this requirement could risk the employment of the candidate with council should the truth come out at a later stage after council has appointed the candidate.

2. SKILLS & COMPETENCIES

2.1 Language Proficiency (rate as excellent, good, average or below average):

	Language	Speaking	Writing	Reading
Home Language				
	English			
	Afrikaans			
	Other (specify)			

3. EDUCATIONAL, TRAINING & DEVELOPMENT BACKGROUND

3.1 Secondary Education

Highest Grade Passed:	Year of completion:
Subjects Passed	

3.2 Tertiary Education (state from highest to lowest)

Institution Attended	Period		Qualification
	From	To	

3.3 Short Courses/ Seminars Attended (only the ones that are relevant to the job you are applying for)

Name of Course	Course Facilitator (institution/person)	Year

4. EMPLOYMENT HISTORY

Employer	Period (Month & Year)		Position Held	Total Remuneration Before Deductions <i>(salary & fringe benefits combined)</i>	Reason for Leaving
	From	To			

5. REFERENCES

Three (3) persons who are not relatives, preferably previous employers			
Name	Occupation	Employer	Contact Number

I.....hereby confirm that the information provided by myself herein is materially true and correct to the best of my ability.

SIGNATURE (APPLICANT)

DATE