



PUBLIC SERVICE OF NAMIBIA APPLICATION FOR EMPLOYMENT

**PLEASE
NOTE:**

1. This form must be completed by the applicant in full except where it is not applicable. 2. Curriculum Vitae must be attached by all applicants. 3. All applicants must attach certified copies of educational certificates and identification documents. 4. The Health Questionnaire must be completed in full and attached to this form. 5. Mark with an "X" where appropriate. 6. Applicants must use one application form for each position applied for. **Failure to comply with the above mentioned requirements, will result in immediate disqualification.**

A. EMPLOYMENT DESIRED

1. Position applied for: 3. Duty station:	2. Office/Ministry/Agency/Regional Council in order of preference: 4. When can you assume duty? 5. If post has been advertised, Reference: Advertised in..... Date.....
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B. PERSONAL PARTICULARS

1.a) Surname (in block letters) b) (maiden name if applicable) (in block letters)	9. Gender/Marital Status																					
2. First names (in block letters)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">(i) Male</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">(ii) Female</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">(iii) Married</div> <div style="border: 1px solid black; padding: 2px;">(iv) Single</div>																					
3. Namibian Identity Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																						4. Date of birth:
5. Passport No.: Citizenship:		6. Work Permit No.: (If applicable)																				
7. Postal Address:	8. Residential Address:																					
10. Contact details : Home No.: Mobile No.: Work No.: Fax no.: Email: Fax2mail: Name of alternative contact person: Telephone/Mobile No.:																						
11. Are you a person with disability? Yes <input type="checkbox"/> No <input type="checkbox"/> yes, provide details under Part. C of the Health questionnaire)																						
12. Additional information																						
12. 1 Have you ever been convicted of a criminal offense?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 15%; text-align: center;">Yes</td> </tr> </table>		No	Yes																		
	No	Yes																				
12. 2 Is a criminal or any other case pending against you?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 15%; text-align: center;">Yes</td> </tr> </table>		No	Yes																		
	No	Yes																				
12. 3 Have you ever been dismissed from employment?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 15%; text-align: center;">Yes</td> </tr> </table>		No	Yes																		
	No	Yes																				
12.4 Have you ever been boarded on medical grounds?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">No</td> <td style="width: 15%; text-align: center;">Yes</td> </tr> </table>		No	Yes																		
	No	Yes																				
If yes in any of these, furnish full particulars on a separate sheet.																						

C. CURRENT EMPLOYMENT PARTICULARS (Applicants in the Public Service only)

1. Office/Ministry/Agency/Regional Council:.....	2. Duty Station:.....
3. Job Designation:	4. Grade:.....
5. Date of Appointment in current post (dd-mm- yyyy).....	
6. Scale of salary:.....	7. Salary notch:.....
8. Is your probation in the current post confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach the confirmation letter.	

D. LANGUAGE PROFICIENCY

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

E. QUALIFICATIONS (1. Attach relevant documents 2.All foreign qualifications must be evaluated by Namibia Qualifications Authority (NQA))

1. Name of educational institute or 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
1.1 School	State highest qualification only	
1.2 Universities, Colleges and other institutions	State all qualifications	
2. State field of further study (if any):			
3. Number of years apprenticeship successfully completed:		Agreement No:	Institution:
4. If your profession or occupation requires statutory registration, state date and particulars of registration:			

F. EXPERIENCE

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

G. CONTRACTUAL OBLIGATIONS

Do you have any contractual obligations, i.e. study, bursaries, etc.? (If so, describe)

.....

H. DECLARATION

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

.....

Signature _____ Date _____

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

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Particulars in B1 to 6, certified correct.

.....

Signature _____ Rank _____ Date _____



PUBLIC SERVICE OF NAMIBIA HEALTH QUESTIONNAIRE

**THIS FORM MUST BE COMPLETED BY
ALL APPLICANTS**

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Accepted / rejected in accordance with directions

Signature:.....

Post designation:

Date:

OMA/RC:.....

A

1. Surname (in block letters):	5. Identity No.:	
2. First Names:		
3. Age (years):	4. Height (cm):	6. Body mass (kg):

B.

Are you suffering, or have you ever suffered from	Mark with a "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
1. Any skin disease?		
2. Any condition affecting the skeleton and/or joints?	Yes	No
3. Any condition affecting the eyes, ears, nose or teeth?	Yes	No
4. Any condition affecting the heart or circulatory system?	Yes	No
5. Any condition affecting the chest or respiratory system?	Yes	No

Please turn over . . . /

Are you suffering, of have you ever suffered from	Mark with a "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
6. Any condition affecting the digestive system?		
7. Any condition affecting the urinary system and/or genital or reproductive organs?		
8. Any condition affecting the nervous system or mental illness?		
9. Any other illness?		

C.

	Yes	No
1. Do you have any sensory impairment e.g. hearing, speech or sight?		
2. Do you have any disability? (physical, mental or any other impairment that substantially restricts you in one or other way of an individual's major life activities)		
IF YES, GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:		

D.

Have you undergone any surgery/operation(s)?	Yes	No
IF YES, GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)		

E.

I do hereby declare that the above information is true and correct and that I have not withheld any information regarding my health.

.....

Signature Date