MUNICIPALITY OF GOBABIS



APPLICATION FOR EMPLOYMENT

This application is not binding on either the applicant or the Gobabis Municipality.

All information will be treated as confidential.

INSTRUCTIONS FOR THE COMPLETION OF THE FORM Complete the form in full. 4. Faxed and late application forms will not be 1. (Write in block letters) considered. 5. 2. Only neatly and legible forms This application must be accompanied by certified will be accepted. copies of documentation such as identity, school leaving certificate and academic qualifications. 3. The declaration signed at the end of this form can be 6. The Municipality will not be held liable lawfully used against an applicant providing false for the loss of any original document(s). information.

Address the completed application form with the appropriate documents to :-

The Chief Executive Officer P.O. Box 33 <u>GOBABIS</u> Namibia

ENQUIRIES: Tel. No.: (062) 577300 or Fax No.: (062) 563012

	* * * * * * * * * * * * * * * * * * * *
Α.	INITIALS and SURNAME:
В.	POSITION APPLIED FOR:

C. <u>PERSONAL PARTICULARS</u>:

Date of Birth: d d	
I.D. No.:	Passport No.:
First Name(s) (in block letters):	
Surname (in block letters):	
Maiden Name (if applicable):	
Marital Status :	Single Married Divorced Widow/er
Sex:	Male Female
Home Language :	
Home Town:	
Region :	
Citizenship:	Namibian Other Country If other, please specify If not a Namibian citizen, please state type of permit in your possession Permanent residence Work permit No permit State your permit number:
	Expiry date of permit: d d m m y y y y
T. J. Janes Namber (HOME)	
Telephone Number (HOME):	
Telephone Number (WORK):	
Cell Phone Number:	
Level of general health:	Good Poor
Are you physically disabled?:	Yes No
If yes, please specify:	
Name and address of any contact person in case you are not available:	
Telephone Number (HOME):	
Telephone Number (WORK):	
Cell Phone Number:	

D.	RESIDENTIAL A	ADDRESS:	<u>POS</u> 2	ESS:					
E.	EDUCATION: School Certificate Particulars:- Secondary School Attend(ed): Highest Grade Passed: Date of Examination: Examining Body: Post-Scholastic Education:- (Only certified copies will be accepted – Degrees / Diplomas must be accompanied by transcripts)								
	NAME OF INSTITUTION	COURSES FOLLOWED e.g. BA, B.Com, NDT	MAIN SUBJE PASSED (indicate with distinctio underlining	CTS He passes COM n by COM	INDICATE ETHER COURSE IAD BEEN (i) MPLETED/NOT MPLETED AND N WHICH YEAR				
F.	EMPLOYMENT HISTORY:								
	Give details of all the positions held by you (From first until present position)								
	EMPLOYER	POST HI	ELD	PERIOD OI MONTH	SERVICE YEAR				
	Details of present (or if include duty sheet):-	Details of present (or if unemployed most recent position). Briefly summarize key tasks (If possible, include duty sheet):-							

G.	LANGUAGE PROFICIENCY:

In the schedule below indicate proficiency as Good, Fair, Poor or None

LANGUAGE	READ	WRITE	SPEAK

F	Ι.	REFERENCES:

NAM	E	ADDRESS	TELEPHON	E NO.	OCCUPATION	EMPLOYER		
•	GEN	ERAL:				5		
	Present	t annual salary		:	N\$			
	Bonuse	s		:				
	Allowa	nces		:				
	Benefit	s		:				
	Date available for assumption of			:				
	Do you	have any previous crimina	al records ?	:				
J.	DEC	LARATION:						
	I declare that the information provided above				d correct			
	SIGNA	TURE OF APPLICANT			DATE			
****	*************************							
		<u>F(</u>	OR OFFICE	USE				
ACCEPTED DATE REL						DATE		



MEDICAL REPORT = MEDIESE VERSLAG

Post / Betrekking :											
	NAAM: Geboortedatum: NAME: Date of birth										
Lengte: Massa: Length: M. Massa:			kg.	Datum van ondersoek: kg. Date of examination:							
	Antwo					kruisie in die betrokke vierkant aangedui word: f a cross in the appropriate square:					
1.	Is die applikant suksesvol ingeënt Has the applicant been successfull	? ly accinated ?	JA/YES	NEE/NO	7.	Spysverteringstelsel : Digestive system :	sverteringstelsel:				
2.	Is die applicant oorgewig? Is he applicant overweight?		JA/YES	NEE/NO	8.	Geslags-uriné organe : Genito-urinary system :					
3.	Is daar enige littekens, misvormin operasielittekens? Are there any scars, disfiguration scars?	g of	JA/YES	NEE/NO	9.	Senustelsel : Nervous system :					
4.	J			NEE/NO	10.	Vel: Skin:					
	(i) Gehoor? Hearing? (ii) Spraak?				11.	Beenstelsel en gewigte : Skeleton and joints :					
	Speech ? (iii) Tande ? Teeth ?	-			12.	Enige ander siekte : Any other illness :					
	(iv) Gesig? Sight? Sonder (b) Gesigskerpte volgens Snellen se Kaart: Bril			Met Bril	13.	Indien 'n kruis in enige gekleurde vierkant behalwe 1 verskyn moet volledige besonderhede daarom-trent hier verstrek word. If a cross appears in any shaded square, except 1, full details thereof should be furnished here.					
	(b) Gesigskerpte volgens Snellen se Kaart: Visual aguity according to Snellens Type: (i) Linker oog:		Without Glasses	With Glasses							
	Left eye : (ii) Regter oog :										
abn Are	Right eye: daar enige tekens of getui ormaliteit van die volgende stek there any signs or evidence o owing systems?	sels?									
5.	(a) Bloedomloopstelsel: Circulatory system:		JA/YES	NEE/NO	14.	Is u oortuig daarvan dat gegrond op u mediese waarnemings, die applikant geskik is vir permanen- te aanstelling?	JANES	NEE/NO			
	(b) Bloeddruklesing: Blood pressure reading:	Sistolies Systolic Diastolies Diastolic				Are you convinced that based on your medical observations, the applicant is suitable for permanent employment?					
6.	6 . Assembalingstelsel: Respiration system:										
Datum Stempel Date Stamp						Handtekening van Mediese Praktisyn Signature of Medical Practitioner					
					100000000000000000000000000000000000000	Professionele Kwalifikasies: Professional Qualifications:					