

PUBLIC SERVICE OF NAMIBIA APPLICATION FOR EMPLOYMENT

PLEASE NOTE:

- 1. This form must be completed in ink by the applicant in his/her own handwriting and, if available certified copies of educational Certificates must be attached.
- 2. The Health Questionnaire must also be completed and attached to this form.

A. EMPLOYN	MENT DES	SIRED
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Nature of employment desired or post applied for:		2. Ministry(ies) Department(s) in order of preference:					
3. Centre(s) where appointment is preferred in order of preference:	4. When can you assume duty? 5. If post has been advertised, Reference: Advertised in: Date:						
B. PERSONAL PARTICULARS							
1. Surname (also maiden name if applicable) (in block lett	ters)		Mark with an "X" in the appropriate spaces.				
2. First names (in block letters)			(i) Male				
3. Namibia n Identity Number:	4. Date of birt	:h:	(i) iviaic				
5. Passport No.:	6. Work Perm (If applicable)	it No.:	(ii) Female				
Citizenship:			(iii) Married	ı			
7. Postal Address: 8. Residential Address:			(i.d. Single				
		(iv) Single					
9. Contact No(s). :							
Home: Wo	ork :	Fax n	0				
Email:Fax2mail:							
11. 1 Have you ever been convicted of a criminal offense? No Yes							
11. 2 Have you ever been dismissed from employment? No Yes							
11. 3 Is a criminal or any other case against you pending?			No	Yes			
If yes in any of the these, furnish full particulars on separate sheet							
C. LANGUAGE PROFICIENCY							

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

Agreement No: State field of further study (if any): Number of years apprenticeship successfully completed: Experience Employer Post held Post held Agreement No: To Day Month Year Reason for Change Employer Post held Day Month Year Day Mont	D. QUALIFICATIONS	, ,								
Universities, Colleges and other institutions State field of further study (if any): Number of years apprenticeship successfully completed: Agreement No: Institution: If your profession or occupation requires State or official registration, state date and particulars of registration: EXPERIENCE Employer Post held Day Month Year Day Month Year Reason for Change Month Year Day Month Ye		-							Month and year obtained	
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	_	vill disqualify your application	n or may		_	ge if disco	vered afte	r your app	pointment	
Particulars in B1 to 4, certified correct from Birth Certificate / Identity Document.			FOR OF	FICIAL USE						
	Particulars in B1 to 4, certified	d correct from Birth Certifica	te / Ident	ity Docum	ent.					

Date

Rank

Signature