



# REPUBLIC OF NAMIBIA 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. EMPLOYMENT DESIRED**

1. Nature of employment desired or post applied for: ..... ..... ..... ..... 3. Centre(s) where appointment is preferred in order of preference: ..... ..... ..... .....	2. Ministry(ies) / Department(s) in order of preference: ..... ..... ..... ..... 4. When can you assume duty ? ..... 5. Of post has been advertised, reference:..... Advertised in: ..... Date: .....
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**B. PERSONAL PARTICULARS**

1. Surname (also maiden name if applicable)( in block letters)		2. Mark with an "X" in the appropriate spaces. (i) <input style="width: 100%;" type="checkbox"/> Male (ii) <input style="width: 100%;" type="checkbox"/> Female (iii) <input style="width: 100%;" type="checkbox"/> Married (iv) <input style="width: 100%;" type="checkbox"/> Single																				
2. First names ( in block letters)																						
3. Namibia Identity Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						4. Date of Birth
5. Passport No .....	6. Workpermit No ..... (if applicable)																					
7. Postal Address: ..... ..... .....	8. Residential Address: ..... ..... .....																					
9. Telephone No: Home: ..... Work: ..... 10 Citizenship: .....																						
11 Have you ever been convicted of a criminal offence or been dismissed from employment? ..... Is a criminal or any other case against you pending? If so, furnish particulars on seperate sheet.																						

**C. LANGUAGE PROFICIENCY**

		State "good", "fair" in appropriate spaces			
	English	Other (specify)			
Speak					
Read					
Write					

**D. QUALIFICATIONS**

Nature of educational institute and centre	Certificates and/or diplomas obtained	ALL SUBJECTS. Underline major subjects. In the case of typing and shorthand, state languages and speed	Month and year obtained
School	State highest qualification		
Universities, College and other institutions	State allqualifications		
State field of further study (if any)			
Number of years apprenticeship succesfully completed		Agreement No	Institution
If your proffesion or occupation requires State or official registration, state date and particulars of registration:			

**E. EXPERIENCE**

Employer	Post held	From			To			Reason for change
		Day	Month	Year	Day	Month	Year	
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
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**F. CONTRACTUAL OBLIGATIONS**

Do you have any contractual obligations, e.a. Study, military, bursarries, etc? (If so, describe) .....
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**F. DECLARATION**

I declare that the above particulars are complete and correct and I have not withheld any required information.	
..... Signature	..... Date
NOTE: A false declarartion will disqualify your applicaton or may lead to your discharge if discovered after your appointment.	

**FOR OFFICIAL USE**

Particulars in B1 to 4, certified correct from Birth Certificate/ Identity Document.		
..... Signature	..... Rank	..... Date



REPUBLIC OF NAMIBIA

# HEALTH QUESTIONNAIRE

FOR DEPARTMENTAL USE	
Accepted / rejected in accordance with directions	
..... Signature	
Date:	Rank:
Department:	

THIS FORM MUST BE COMPLETED BY CANDIDATES FOR PERMANENT APPOINTMENT/ TRANSFER IN THE GOVERNMENT SERVICE

**A**

1. Surname (in block letters)		Identity No:	
2. First Names:			
3. Age:	yrs	4. Height:	cm
		5. 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 affection of the skeleton and/or joints			..... ..... .....
3. Any affection of the eyes, ears nose or teeth?			..... ..... .....
4. Any affection of the heart or circulatory system?			..... ..... .....
5. Any affection of the chest or respiratory system?			..... ..... .....
6. Any affection of the digestive system?			..... ..... .....

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	
7. Any affection of the urinary system and/or genital organs?			..... ..... .....
8. Any nervous affection or mental abnormality?			..... ..... .....
9. Any other illness?			..... ..... .....

**C**

	Yes	No
1. Do you suffer from any defect of hearing, speech or sight?		
2. Are you physically disable and do you use artificial limbs?		
<b>GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:</b>		
.....		
.....		
.....		
.....		
.....		

**D**

	Yes	No
Have you undergone any operation(s)?		
<b>GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)</b>		
.....		
.....		
.....		
.....		
.....		

**E**

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

.....

Signature Date