APPLICATION FOR EMPLOYMENT

Note to Applicants: The applicant in his/her own handwriting must complete this form in Ink. All questions must be answered. Attach all the required documents. Failure to comply with the above - mentioned requirements, will result in immediate disqualification.

CONFIDENTIAL

POSITION APPLIED FOR:	

A.   PERSONAL PARTICULARS

Title	Mr		Ms		Dr		Prof		Others	
Surname:										
Names:										
Nationality:										

Identity Number:	Date of Birth:	Gender:	Marital Status:

Postal Address:	Residential Address:	Telephone:
……………………………………………..	…………………………………………………	(W): …………………………………………
……………………………………………..	…………………………………………………	(H): ……………………………………………..
…………………………………………………	…………………………………………………	E-mail:

Are you in possession of a valid Driver's License?	Yes		No			Code:	

Do you have any Disability?	Yes		No	Type of Disability	
Are you a member of a Marginalized Community	Yes		No	Details of Classification	

B. EDUCATION AND TRAINING

SECONDARY EDUCATION			
Highest Grade Passed		**School**	
Year Passed:		**Merits (if any)**	

TERTIARY EDUCATION	
Name of Institution:	
Qualifications:	
Name of Institution:	
Qualifications:	

Are you a Member of a Professional Body	**Yes**		**No**		**Registered As:**		
Registration Number:					**Association**		

C. EMPLOYMENT BACKGROUND

PRESENT EMPLOYER	
Employer	
Position	

PREVIOUS EMPLOYERS			
Name of Employer	**Period of Service To/From**	**Position Held**	**Reason for Termination**

D. REFERENCES

Name three reliable people, **not relatives**, from whom enquiries/reference check can be made about you			
Name	**Position**	**Address (s)**	**Contact Numbers**

Eenhana Town Council   Application for Employment

E. PRESENT INCOME

BASIC SALARY (per Annum): N$	
Allowances (per Annum)	
i.	N$:
ii.	N$
iii.	N$
iv.	N$
v.	N$
TOTAL	**N$:**

F. DECLARATION BY THE APPLICANT

I…………………………………………………………………………………. (*the undersigned*) do hereby declare that the above information is complete and correct. I further promise to furnish verified copies of ID, testimonial, educational certificates and other appropriate documents.

_____ **SIGNATURE (APPLICANT)DATE**	_____/_____/_____ **DATE**