



OUTAPI TOWN COUNCIL

Tel: 065 - 251191/2/3

P.O. Box 853

Fax: 065 – 251128

Outapi

E.mail: outapitc@iway.na

APPLICATION FOR EMPLOYMENT

**NB: THE APPLICANT MUST COMPLETE THIS FORM IN INK.
HEALTH QUESTIONNAIRE MUST ALSO BE COMPLETED AND ATTACHED.**

1. EMPLOYMENT DESIRED

Nature of the post	Department
Advertised in	Date

2. PERSONAL PARTICULARS

Surname (also maiden name if applicable):.....

First Names:

Date of Birth:.....

ID NO:.....

Passport No:.....

Gender:.....

Marital Status: Single Married Widow/er Divorce

Postal Address:

Residential Address:

Work Permit No. (if not Namibian)

Tel no: (cell).....(H) (W).....

3. LANGUAGE PROFICIENCY (State "good, fair, poor")

	ENGLISH			
SPEAK				
WRITE				
READ				

4. QUALIFICATIONS

School Highest Qualifications	Subjects	Year Obtained

University, Colleges or Other Institutions	Name of Course	Year Attended	Obtained

5. WORK EXPERIENCE

Employer	Position held	From - To	Reason for change

6. DECLARATION

I declare that the above particulars are complete, 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.

HEALTH QUESTIONNAIRE

A.

GIVE DETAILS OF THE NATURE AND SEVERITY OF YOUR SUFFERING

1. Do you suffer from any defect of hearing speech or sight? YES/NO

If
Yes.....
.....

2. Are you physical disabled? YES/NO

If
Yes.....
.....

3. Have you undergone any operation (s)? YES/NO

if
yes.....
.....

B.

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

FOR OFFICIAL USE ONLY

Received _____ Date _____

Accepted/Rejected _____

Comment : _____
