



LÜDERITZ TOWN COUNCIL
P.O. BOX 19
LÜDERITZ

Tel: (063) 207800

Fax: (063) 202971

APPLICATION FOR EMPLOYMENT
(Internal & External Applicants)

PLEASE NOTE:

1. This form must be completed by the applicant in full except where it is not applicable. **2.** Curriculum Vitae must be attached by all applicants. **3.** All applicants must attach certified copies of educational certificates and identification documents. **4.** The Health Questionnaire must be completed in full and attached to this form. **5.** Mark with an "X" where appropriate. **6.** Applicants must use one application form for each position applied for. **Failure to comply with the above-mentioned requirements, will result in immediate disqualification. This form must be completed in ink by the applicant in his/her own handwriting and in block letters**

INITIALS AND SURNAME

POSITION APPLIED FOR

**ADDRESS THE COMPLETED APPLICATION FORM WITH CERTIFIED PROOF OF
YOUR QUALIFICATION AND EXPERIENCE TO:**

**The Chief Executive Officer
Lüderitz Town Council
P.O. Box 19
Lüderitz**

**Enquiries: Human Resources Office
Tel.no.: (063) 207800**

PERSONAL PARTICULARS

First names and surname (in block letters)			
Namibia ID Number		Marital status	
Date of Birth		Number of Dependent Children	
Nationality		Driver's License (Code)	
Present Home Address		Present Postal Address	
Mobile Number: Cell No: E-mail:		Work/Home Telephone Number: Work: Home:	

EDUCATION

1. HIGH SCHOOL EDUCATION

Name of Institution:	
Highest Grade Passed:	Year:
Proof hereof must accompany this application form (certified copy only).	

2. TERTIARY EDUCATION

Name of Institution	Courses followed e.g. BA, B.Comm, NDT	Month and Year of Completion
1.		
2.		
3.		

4.		
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Proof of qualification and academic transcript must accompany this form (certified copy).

Are you a member of a professional body or institute?

- If yes, name the body or institute?

.....

- Registered as

.....

- Registration number

.....

Do you have contractual obligations, i. e. study, bursaries, etc? (If so, describe)

.....

LANGUAGE PROFICIENCY

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

Language	Read	Write	Speak

EMPLOYMENT HISTORY

IN THE SCHEDULE BELOW, GIVE DETAILS OF ALL THE POSITIONS HELD BY YOU
(From current to previous employer and position)

Employer	Position held	Period of Service		Reasons for Change
		From	To	

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Details of present (or if unemployed most recent) position. **Briefly summarise key tasks:**

-
-
-
-
-

REFERENCES

Name(s) & Surname	Email Address	Telephone Number	Occupation

BACKGROUND CHECK CONSENT

NB: You are required to consent to a background check.

INFORMATION TO DISCLOSE

Please read carefully:	Yes or No
1. Have you ever been dismissed from employment?	
2. Have you ever been found guilty of any misconduct or do you have any criminal convictions?	
3. Are there any pending or unresolved investigations against you at your current employer or at any previous employer?	
4. Is there anything else that you would like to disclose regarding your past conduct and behavior at the workplace? If yes, kindly explain.	
5. Do you have anything to disclose regarding your health condition which you think the employer should know? If yes, kindly explain.	
6. Do you have any previous criminal record? (Provide a certified copy of the Code of Conduct)	

EMPLOYMENT EQUITY

In terms of the Affirmative Action Act, please identify your classification:

Previously advantaged male		Previously disadvantaged female	
Previously advantaged female		Male with Disability	
Previously disadvantaged male		Female with Disability	

Kindly elaborate on the disability (if applicable):

.....

.....

.....

DECLARATION

I hereby declare that the above particulars are complete and correct to the best of my knowledge and that I have attached all the required certified copies of my qualification, experience and any other relevant documentation. If this application leads to my eventual employment, I understand that any false or misleading information in my application may result in my employment being terminated.

.....
Signature of applicant

.....
Date



LÜDERITZ TOWN COUNCIL

HEALTH QUESTIONNAIRE

1. Surname:		5. Identity No.:	
2. First Names:			
3. Age (years):	4. Height (cm):	6. Body mass (kg):	

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 condition affecting the skeleton and/or joints?	Yes	No	
			
3. Any condition affecting the eyes, ears, nose or teeth?	Yes	No	
			
4. Any condition affecting the heart or circulatory system?	Yes	No	
			
5. Any condition affecting the chest or respiratory system?	Yes	No	
			

Are you suffering, of 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	
6. Any condition affecting the digestive system?	Yes	No	
			
7. Any condition affecting the urinary system	Yes	No	
			

and/or genital or reproductive organs?			
8. Any condition affecting the nervous system or mental illness?	Yes	No	
			
9. Any other illness?	Yes	No	
			

1. Do you have any sensory impairment e.g. hearing, speech or sight?	Yes	No
2. Do you have any disability? (physical, mental or any other impairment that substantially restricts you in one or other way of an individual's major life activities)	Yes	No

IF YES, GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:

Have you undergone any surgery/operation(s)?	Yes	No

IF YES, GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)

DECLARATION

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Signature of applicant

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Date