

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

<p>1. Nature of employment desired or post applied for:</p> <p>..... <i>ADMINISTRATIVE OFFICER,</i> <i>GRADE 12</i></p> <p>3. Centre(s) where appointment is preferred in order of preference:</p> <p>..... <i>WINDHOEK, NAMIBIA</i></p>	<p>2. Ministry(ies)/Department(s) in order of preference:</p> <p>..... <i>MINISTRY OF HOME AFFAIRS,</i> <i>IMMIGRATION, SAFETY AND SECURITY</i></p> <p>4. When can you assume duty? <i>ASAP</i></p> <p>5. If post has been advertised, Reference: <i>N/A</i></p> <p>Advertised in: <i>PSM CIRCULAR NO. H OF 2022</i></p> <p>Date: <i>18 AUGUST 2022</i></p>
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B. PERSONAL PARTICULARS

<p>1. Surname (also maiden name if applicable) (in block letters) <i>JOHN</i></p> <p>2. First names (in block letters) <i>DOE</i></p> <p>3. Namibia Identity Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"><tr><td>9</td><td>7</td><td>0</td><td>3</td><td>0</td><td>3</td><td>0</td><td>0</td><td>2</td><td>2</td><td>5</td><td></td><td></td></tr></table></p> <p>4. Date of birth: <i>06 JANUARY 1996</i></p> <p>5. Passport No.: <i>N/A</i></p> <p>6. Work permit No.: <i>N/A</i> (if applicable)</p> <p>7. Postal Address: <i>P.O.BOX 12345,</i> <i>WALVIS BAY</i></p> <p>8. Residential Address: <i>NO. 234 CHARLES WINS-</i> <i>LOW STREET, OLYMPIA,</i> <i>WINDHOEK</i></p>	9	7	0	3	0	3	0	0	2	2	5			<p>3. Mark with an "X" in the appropriate spaces.</p> <p>(i) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"><tr><td style="padding: 2px 5px;">Male</td><td style="text-align: center; padding: 2px 5px;">X</td></tr></table></p> <p>(ii) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"><tr><td style="padding: 2px 5px;">Female</td><td></td></tr></table></p> <p>(iii) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"><tr><td style="padding: 2px 5px;">Married</td><td></td></tr></table></p> <p>(iv) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"><tr><td style="padding: 2px 5px;">Single</td><td style="text-align: center; padding: 2px 5px;">X</td></tr></table></p>	Male	X	Female		Married		Single	X
9	7	0	3	0	3	0	0	2	2	5												
Male	X																					
Female																						
Married																						
Single	X																					
<p>9. Telephone No.: Home: <i>+264 81 618 7525</i> Work: <i>N/A</i> 10. Citizenship: <i>NAMIBIAN</i></p>																						
<p>11. Have you ever been convicted of a criminal offence or been dismissed from employment?..... <i>NO</i> Is a criminal or any other case against you pending? If so, furnish particulars on separate sheet. <i>NO</i></p>																						

C. LANGUAGE PROFICIENCY

	State "good", "fair" in the appropriate spaces			
	English	AFRIKAANS	OSHIWAMBO	Other (specify)
Speak	<i>GOOD</i>	<i>GOOD</i>	<i>GOOD</i>	
Read	<i>GOOD</i>	<i>GOOD</i>	<i>GOOD</i>	
Write	<i>GOOD</i>	<i>GOOD</i>	<i>GOOD</i>	

D. QUALIFICATIONS

Name 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 KUISEBMUND SENIOR SECONDARY SCHOOL	State highest qualification only GRADE 12	STATE ALL THE GRADE 12 SUBJECTS	OCTOBER 2013
Universities, Colleges and other institutions SEE ATTACHED QUALIFICATIONS	State all qualification SEE ATTACHED QUALIFICATIONS	SEE ATTACHED QUALIFICATIONS	SEE ATTACHED QUALIFICATIONS
State field of further study (if any): N/A			
Number of years apprenticeship successfully completed N/A		Agreement No. N/A	Institution N/A
If your profession or occupation requires State or official Registration, state date and particulars of registration: N/A			

E. EXPERIENCE

Employer	Post held	From			To			Reason for change
		Day	Month	Year	Day	Month	Year	
STATE EMPLOYER NAME	STATE POSITION HELD	01	07	2019	-	-	-	CURRENT POSITION
STATE EMPLOYER NAME	STATE POSITION HELD	01	03	2017	30	04	2018	CONTRACT END
STATE EMPLOYER NAME	STATE POSITION HELD	01	06	2015	30	11	2015	CONTRACT END

F. CONTRACTUAL OBLIGATIONS

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

NO, I DO NOT HAVE ANY CONTRACTUAL OBLIGATION

G. DECLARATION

I declare that the above particulars are complete and correct and I have not withheld any required information.

SIGN HERE

Signature: _____ Date: 31/12/2022

NOTE: A false declaration will disqualify your application 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

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

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

A.

1. Surname (in block letters)	DOE	Identity No.:	9 7 0 3 0 3 0 0 2 2 5		
2. First Names:	JOHN				
3. Age	26	4. Height:	165	5. Body mass:	60

B

Are you suffering or have you ever suffered from:	Mark with an "X" in the appropriate column		If any answers is "Yes", give details of the nature, severity, date and duration of the illness
	Yes	No	
1. Any skin disease?			N/A
2. Any affection of the skeleton and or joints?		X	N/A
3. Any affection of the eyes, ears, nose or teeth		X	N/A
4. Any affection of the heart or circulatory system?		X	N/A
5. Any affection of the chest or respiratory system?		X	N/A
6. Any affection of the digestive system?		X	N/A

Are you suffering or have you ever suffered from:	Mark with an "X" in the appropriate column		If any answers 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?		X	N/A
8. Any nervous affection or mental abnormality?		X	N/A
9. Any other illness?		X	N/A

C

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

D

	Yes	No
Have you undergone any operation(s)?		X
GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S):		
N/A		

E

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

SIGN HERE

31/12/2022

Signature Date