

Are you a member of a registered Medical Aid Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If so, state name of Fund				
Have you been or are you at present a member of a pension fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Give particulars of fund and membership period				

B. QUALIFICATIONS

Certified Copies	School	Technicon\College	University
Name of Institute			
Qualifications and year obtained			
Have you successfully completed any specialist courses of instruction? If yes, give details.		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of a Professional body or Institute? If so, state name of body or institute, date of registration and registration number.			

C. SCHEDULE OF PRESENT AND PREVIOUS POSITIONS

Name of present and previous employers	Period of service From\to	Position held	Reason for termination of service
Present employer			
Previous employers			
1.			
2.			
3.			
4.			
5.			

Details of duties and functions attached to previous positions must be set out on a separate sheet.

E. PERSONAL REFERENCES

Present or previous employers

Name	Occupation	Telephone

F. APPRENTICESHIP

Trade qualified in	Year	
Name of Company		
Have you passed a trade test?	Contract Number	Year
Yes / No		

G. PRESENT INCOME

Basic Salary (Annual)	N\$ _____
Allowances (per annum)	
(a) _____	N\$ _____
(b) _____	N\$ _____
(c) _____	N\$ _____
TOTAL	N\$ _____
Earliest date on which duties can be assumed	

DECLARATION OF APPLICANT

I understand and agree that, should I be appointed in the service of the Council, such appointment will be subject to the provisions of the Personnel Rules, the conditions of service and the standing resolutions of the Council.

I hereby apply for the post as indicated and am prepared to accept appointment at a gross annual basic salary of

N\$

I declare that the information provided by me in this application form is correct in every detail.

Signature of Applicant

Date

FOR OFFICE USE

Appointment approved

With effect

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JOB DESCRIPTION

DEPARTMENTAL HEAD

Salary Grade

Notch

Allowances

(a) _____

(b) _____

(c) _____

(d) _____

Date

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Medical Certificate attached

YES	NO
YES	NO

Reference verified

Comments:

PERSONNEL MANAGER
