

## **MUNICIPALITY OF WALVIS BAY**

● Private Bag 5017 ● WALVIS BAY ● Telephone (064) 2013111

# APPLICATION FOR EMPLOYMENT

(External Applicants)

This form must be completed in full and signed by the applicant and certificates copies of educational certificates and all relevant documents must be attached.

# **CONFIDENTIAL** APPLICATION FOR EMPLOYMENT AS: (State position you are applying for) A. PERSONAL PARTICULARS Names: Surname: Mr Street/Home Address: Postal Address: Date of Birth Year - Month- Date: Identity No. Nationality: Income Tax No. Social Security No. Languages spoken: Work/Home Telephone No: Mobile No: Are you in possession of a valid drivers' licence? If yes, please complete: Code:



## B. QUALIFICATIONS

#### Attach certified copies

	School	Technicon/College	University
Name of Institution			
Qualifications and year obtained			

Are you	a member of a professional body or i	institute? Yes	No
•	If yes, name the body or institute		
•	Registered as		
•	Registration number		



## C. SCHEDULE OF PRESENT AND PREVIOUS POSITIONS

Name of present employer	Period of service from / to	Position held	Reason for termination of service
1.			
Names of previous employers			
1.			
2.			
3.			
4.			
5.			
6.			
7.			

# D. REFERENCES From present or previous employers:

Name	Occupation	Telephone / Mobile No.



### E. APPRENTICESHIP

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

## F. PRESENT INCOME

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



## G. DUTY 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?	
Are there any pending or unresolved investigations against you at your current employer or at any previous employer?	
Is there anything else that you would like to disclose regarding your past conduct and behaviour at the workplace?  If yes, kindly explain on a separate sheet.	
5. Do you have anything to disclose regarding your health condition which you think the employer should know?  If yes, kindly explain on a separate sheet.	

H. EMPLOYMENT EQUITY
In terms of the Affirmative Action Act, please identify your classification:

Previously advantaged male	Previously disadvantaged female	
Previously advantaged female	Disabled male	
Previously disadvantaged male	Disabled female	

Kindly elaborate on the disability (if applicable):							



#### I. 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 Labour Act, 2007, the provisions of the Personnel Rules, any other applicable rules and policies of Council, the conditions of service and the standing resolutions of the Council.

I declare that the information provided by me in this application form is correct and I have not withheld any required information.

Note: A false declaration will disqualify your application or may lead to your discharge if discovered after your appointment.

Signature of Applicant	Date