



## OKAHAO TOWN COUNCIL

P.O. BOX 699  
OKAHAO  
OMUSATI REGION

TEL: +264-65-252204/5  
FAX: +264-65-252201  
Website: [www.okahaotc.com.na](http://www.okahaotc.com.na)

### APPLICATION FOR EMPLOYMENT (External & Internal Applicants)

**NOTE:** This form must be completed in full and signed by the applicant in his/her own handwriting. It should be accompanied by the applicant's detailed CV and certified copies of all relevant educational and personal documents.

|                             |  |
|-----------------------------|--|
| <b>Position applied for</b> |  |
| <b>Department</b>           |  |

#### 1. PERSONAL INFORMATION

|                                     |                 |   |  |
|-------------------------------------|-----------------|---|--|
| <b>Title:</b>                       | <b>Surname:</b> |   |  |
| <b>Full names:</b>                  |                 |   |  |
| <b>Maiden name:</b>                 |                 | <b>Gender:</b>                            |  |
| <b>Date of Birth:</b>               |                 | <b>Place of birth:</b>                    |  |
| <b>Identification number:</b>       |                 | <b>Country:</b>                           |  |
| <b>Nationality:</b>                 |                 | <b>Marital status:</b>                    |  |
| <b>Current Residential Address:</b> |                 | <b>Postal Address:</b>                    |  |
| <b>Telephone (H):</b>               |                 | <b>Telephone (W):</b>                     |  |
| <b>Mobile phone No:</b>             |                 | <b>Email:</b>                             |  |
| <b>Driver's License Code:</b>       |                 | <b>Date of Issue of Driver's License:</b> |  |

#### 2. EDUCATIONAL HISTORY

##### 2.1 Secondary Education

|                                       |  |
|---------------------------------------|--|
| <b>Highest grade/ standard passed</b> |  |
| <b>Year</b>                           |  |
| <b>School</b>                         |  |

## 2.2 Tertiary Education

| Institution attended | Period |    | Qualification obtained |
|----------------------|--------|----|------------------------|
|                      | From   | To |                        |
|                      |        |    |                        |
|                      |        |    |                        |
|                      |        |    |                        |
|                      |        |    |                        |

## 3. EMPLOYMENT HISTORY

### 3.1 SUMMARY OF (POST-GRADUATION) WORKING EXPERIENCE

|   | FROM (Month & Year) | TO (Month & Year) | TOTAL (Years & Months) |
|---|---------------------|-------------------|------------------------|
| <b>Overall Professional Experience</b>        |                     |                   |                        |
| <b>Middle Management Experience</b>           |                     |                   |                        |
| <b>Senior/Executive Management Experience</b> |                     |                   |                        |

### 3.2 DETAILED EMPLOYMENT HISTORY

| Employer Name | Period (Month & Year) |    | Position Held | Reason for leaving |
|---------------|-----------------------|----|---------------|--------------------|
|               | From                  | To |               |                    |
|               |                       |    |               |                    |
|               |                       |    |               |                    |
|               |                       |    |               |                    |
|               |                       |    |               |                    |
|               |                       |    |               |                    |
|               |                       |    |               |                    |

### 3.3. PRESENT INCOME

| REMUNERATION ITEM        | AMOUNT- N\$ (per annum) |
|--------------------------|-------------------------|
| Basic Salary             |                         |
| Motor Vehicle/ Transport |                         |
| Housing                  |                         |
| Cellphone                |                         |
| Others (Specify)         |                         |
| TOTAL                    |                         |

Earliest date on which you can assume duty: \_\_\_\_\_

#### 4. STRUCTURED TRAINING WORKSHOPS OR COURSES ATTENDED (job related)

| WORKSHOP/COURSE NAME | INSTITUTION/<br>FACILITATOR | MONTH & YEAR |
|----------------------|-----------------------------|--------------|
|                      |                             |              |
|                      |                             |              |
|                      |                             |              |
|                      |                             |              |
|                      |                             |              |

#### 5. PROFESSIONAL BODIES MEMBERSHIP (where applicable)

| MEMBERSHIP/ PROFESSIONAL BODY | MEMBERSHIP NO |
|-------------------------------|---------------|
|                               |               |

**6. LANGUAGES** (State good, fair, and poor)

| Language         | Read | Write | Speak |
|------------------|------|-------|-------|
| English          |      |       |       |
| Others (Specify) |      |       |       |
| Others (Specify) |      |       |       |
| Others (Specify) |      |       |       |

**7. REFERENCES**

| NAME | INSTITUTION | OCCUPATION | CONTACT NO. |
|------|-------------|------------|-------------|
|      |             |            |             |
|      |             |            |             |
|      |             |            |             |

**8. HEALTH QUESTIONAIRES**

| Are you suffering, or have suffered from:                          | Mark with "X" |    | If "Yes" give details |
|--|---------------|----|-----------------------|
|  | Yes           | No |                       |
| 1. Any skin conditions?  |               |    |                       |
| 2. Any condition affecting the skeleton or joints?                 |               |    |                       |
| 3. Any condition affecting the eyes, ears, nose or teeth?          |               |    |                       |
| 4. Any condition affecting the heart or circulatory system?        |               |    |                       |
| 5. Any condition affecting the chest or respiratory system?        |               |    |                       |
| 6. Any condition affecting your nervous system and mental illness? |               |    |                       |
| 7. Do you any disabilities?  |               |    |                       |
| 8. Do you any sensory impairment (hearing, speech, or sight)?      |               |    |                       |
| 9. Any other illnesses?  |               |    |                       |

**9. DECLARATION OF APPLICANT**

**I UNDERSTAND AND AGREE THAT SHOULD I BE APPOINTED IN SERVICE OF THE COUNCIL, SUCH APPOINTMENT WILL BE SUBJECT TO THE LABOUR ACT, 2007, THE PROVISION OF THE PERSONNEL RULES, ANY OTHER APPLICABLE RULES AND POLICIES OF COUNCIL, THE CONDITIONS OF SERVICE AND THE STANDING RESOLUTION OF THE COUNCIL.**

**I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED HEREIN IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**NB: A FALSE DECLARATION WILL DISQUALIFY YOUR APPLICATION OR MAY LEAD TO YOUR DISCHARGE IF DISCOVERED AFTER YOUR APPOINTMENT.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**