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**OUTAPI TOWN COUNCIL**

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Outapi

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**APPLICATION FOR EMPLOYMENT**

**NB: THE APPLICANT MUST COMPLETE THIS FORM IN INK.  
HEALTH QUESTIONNAIRE MUST ALSO BE COMPLETED AND ATTACHED.**

**1. EMPLOYMENT DESIRED**

Nature of the post .....	Department .....
Advertised in .....	Date .....

**2. PERSONAL PARTICULARS**

Surname (also maiden name if applicable):.....

First Names: .....

Date of Birth:.....

ID NO:.....

Passport No:.....

Gender:.....

Marital Status:    Single       Married       Widow/er       Divorce

Postal Address: .....

Residential Address: .....

Work Permit No. (if not Namibian) .....

Tel no: (cell).....(H) ..... (W).....

**3. LANGUAGE PROFICIENCY (State "good, fair, poor")**

	ENGLISH			
SPEAK				
WRITE				
READ				

**4. QUALIFICATIONS**

School Highest Qualifications	Subjects	Year Obtained

University, Colleges or Other Institutions	Name of Course	Year Attended	Obtained

**5. WORK EXPERIENCE**

Employer	Position held	From - To	Reason for change

**6. DECLARATION**

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

Signature: ..... Date: .....

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

**HEALTH QUESTIONNAIRE**

**A.**

GIVE DETAILS OF THE NATURE AND SEVERITY OF YOUR SUFFERING

**1. Do you suffer from any defect of hearing speech or sight? YES/NO**

If  
Yes.....  
.....

**2. Are you physical disabled? YES/NO**

If  
Yes.....  
.....

**3. Have you undergone any operation (s)? YES/NO**

if  
yes.....  
.....

**B.**

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

**FOR OFFICIAL USE ONLY**

Received \_\_\_\_\_ Date \_\_\_\_\_

Accepted/Rejected \_\_\_\_\_

Comment : \_\_\_\_\_  
\_\_\_\_\_