



NATIONAL ART GALLERY 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 and CVs must be submitted.
2. The Health Questionnaire must also be completed and attached to this form.

A. EMPLOYMENT DESIRED

Desired post applied for:	When can you assume duty? If post has been advertised, reference Advertised in..... Date:.....
---	---

B. PERSONAL PARTICULARS

Full name (also maiden name, if available) in block letters.	
Namibian Identity No. or Passport No.:	
Citizenship:	
Place of birth:	
Postal Address:	
Work permit or Residence No	

Residential Address:.....

.....

Telephone No. Home **Work**..... **Cell No**.....

Have you ever been convicted of a criminal offence or been dismissed from employment?

.....

If so, furnish particulars on a separate sheet.

C. LANGUAGE PROFICIENCY

	State "good", "fair", "poor" in the appropriate space			
			Other (specify)	
	English			
Speak				
Read				
Write				

D. QUALIFICATIONS

Name of educational institution or centre	Certificates and/or diplomas obtained	Major subjects	Year obtained
School	State highest qualification only		
University, college and other institutions	State all qualifications		
State field of further study (if any)			
Number of years apprenticeship successfully completed		Agreement No:	Institution

HEALTH QUESTIONNAIRE

THIS FORM MUST BE COMPLETED BY CANDIDATES FOR APPOINTMENT AND OR TRANSFER	FOR DEPARTMENTAL USE	
	Accepted/rejected in accordance with directions Signature	
	Date:	Rank:
	Department:	

1. Surname (in block letters)	Identity No:	
2. First Names:		
3. Age yrs	Height:m. cm	Body mass:Kg

Do you suffer from or have you ever suffered from:	Mark with an "X" in the appropriate column		If "Yes" give details of the nature, severity, date and duration of the illness.
Any skin disease?	Yes	No
Any affection of the skeletal and or joints?	Yes	No

Do you suffer from or have you ever suffered from:	Mark with an "X" in the appropriate column		If "Yes" give details of the nature, severity, date and duration of the illness	
Any affection of the heart or circulatory system?	Yes	No	
Any affection of the chest or respiratory system?	Yes	No	
Any affection of the digestive system?	Yes	No	
Any affection of the urinary system and/or genital organs?	Yes	No	
Do you suffer from any defect of hearing, speech or sight?			Yes	No
Are you physically disabled and/or use artificial limbs?				
GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY				

Have you undergone any operation(s)	Yes	No
--	------------	-----------

GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)

.....

.....

.....

.....

.....

.....

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

.....
Signature

.....
Date