



# CONSULTING ENGINEERS & Project Managers

SINCE  
1977

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## APPLICATION FOR EMPLOYMENT

After completion, this information will be kept strictly **CONFIDENTIAL**

**Dr/Mr/Mrs/Miss**

Name: \_\_\_\_\_

Position applied

For: \_\_\_\_\_

Please indicate if certified copies of the following documents are attached:

ID

Driver's license

CV

How soon are you able to commence duties? \_\_\_\_\_

I certify that the information is correct and complete to the best of my knowledge. I understand and agree that any misrepresentation, falsification or omission of information may lead to the rejection of my application or to the termination after employment

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

### 1. EDUCATION, TRAINING AND QUALIFICATIONS

#### EDUCATIONAL (INCLUDING TECHNICAL)

Latest school attended	Highest grade passed	Date final examination passed	Subjects passed

2. **UNIVERSITIES, TECHNICAL, BUSINESS OR COLLEGE ATTENDED – POST SCHOOL QUALIFICATIONS**

Name of institution	Year from - to	Degree or Diploma obtained	Major subjects passed

*List training courses undertaken, certificates obtained and membership of Technical or Professional*

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3. **EMPLOYMENT HISTORY**

*Details of present / most recent employers (s)*

Employer	From	To	Salary	Last Position Held	Reason for Leaving

4. **EXPERIENCE**

*Accentuate experience which you consider relevant to the position in question. Distinguish between management / supervisory and technical experience.*

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5. **PERSONAL INFORMATION**

Surname: \_\_\_\_\_

Maiden name: \_\_\_\_\_

First Name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Identity number: \_\_\_\_\_

Income tax number: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Telephone no (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Marital status: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Drivers licence: \_\_\_\_\_

Do you have relatives in the company? \_\_\_\_\_

Spouse occupation? Employer? \_\_\_\_\_

Number of children and ages: \_\_\_\_\_

Have you ever been found guilty of a criminal offence or are criminal charges pending against you?

\_\_\_\_\_

Please give details of serious or chronic illnesses, operations, injuries, disabilities, or health weakness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

## 6. LANGUAGE

*Speak and written*

STATE	GOOD	FAIR	POOR
Home language			
Other languages ( a )			
( b )			
( c )			

## 7. SALARY

Present Salary package (TCTC) N\$ \_\_\_\_\_pm

Salary package required (TCTC) N\$ \_\_\_\_\_pm

Period of notice: \_\_\_\_\_

Earliest starting date: \_\_\_\_\_

**8. REFERENCES**

Name	Telephone No.	Company / Relationship
1		
2		
3		

**9. GENERAL**

Membership of professional association:

\_\_\_\_\_  
\_\_\_\_\_

Membership number: \_\_\_\_\_

Is there any other information about yourself which you would like us to take into consideration?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information is correct and complete to the best of my knowledge. I understand and agree that any misrepresentation, falsification, or omission of information may lead to the rejection of my application or to my termination after employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE