



CONSULTING ENGINEERS

& Project Managers



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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

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.

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?

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SIGNATURE

DATE