

(To be completed IN FULL by the applicant in block letters.)
NB: PLEASE NOTE THAT INCOMPLETE FORMS WILL NOT BE ACCEPTED.

PERSONAL DETAILS

Surname: _____
First Name(s): _____
Date of Birth: _____
ID Number: _____
Contact No.: _____
Email Address: _____
Residential Address: _____
Postal Address: _____
Nationality: _____
Marital status: Married Not married
Gender: Male Female
Ethnicity White Black Coloured Other
Disability Yes No
If yes above, type of disability _____

DETAILS OF POSITION APPLIED FOR

1. Position(s) applying for: _____

2. What type of position are you applying for? *(Please tick(✓) appropriate box)*

Internship
 Temporary/Contract Employment
 Part-time Employment
 Full-time Employment

3. Are you willing to work week-ends? Yes No

4. Are you willing to work in the evenings? Yes No

5. Are you willing to work overtime if so required? Yes No

6. What is your current salary? *(External candidates only)* _____

7. What is your notice period? *(External candidates only)* _____

PERSONAL INFORMATION:

1. Have you ever worked for SU before: Yes No
 If "Yes", please provide details of position, employee number and date.
-

2. Have you ever applied for work at SU before? Yes No
 If "Yes", please provide details of position and date.
-

3. Do you have friends, relatives or acquaintances working for SU? Yes No
 If "Yes". Please provide details.

Name & Surname	Relationship

4. Are you willing to submit to the following tests/checks if deemed necessary by SU?
 (Please tick (✓) the test/check you submit to willingly.)

- Medical Fitness Test Yes No
- ITC Checks Yes No
- Reference Checks Yes No
- Competency/Assessment Test Yes No
- Computer Literacy Test Yes No
5. Have you ever been convicted of a criminal offense? Yes No

If "Yes", provide details.

EDUCATION, TRAINING, SKILLS AND EXPERIENCE

1. Language Skills – please indicate (✓) in which of the following languages you are proficient:

Language	Read	Write	Speak
English			
Afrikaans			
Mandarin			
Oshiwambo			
Damara>Nama			
Oshihero			
Portuguese			
French			
Spanish			
German			
Other: <i>(list here)</i>			

2. Secondary School Education:

Name of School	Highest Grade Completed	Year obtained

3. Tertiary Education:

Name of Institution	Full time	Part time	On-line	Diploma/Degree Obtained	Year obtained

4. Employment History:

(Please list your work experience for all the employers beginning with your most recent position held.)

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

Name of Employer	Position	Period of Employment		Reason for leaving
		Date from	Date to	

1. Main Responsibilities:

2. Main Achievements:

5. Short Courses Attended:

Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	
Institution		Country	
Course Name		Date	

6. Professional Membership:

Professional Membership	Name of entity	Membership No.

7. Vehicle Operating Licenses:

Type of License (Code)	Year Obtained	Expiry date

8. Computer Proficiency:

Type of Programme	Basic User	Intermediate User	Advanced User
MS Word			
MS Excel			
MS PowerPoint			
MS Outlook			
SAP			
<i>Others: (list below)</i>			

9. Please state shortly your reasons for seeking alternative employment:

REFERENCE CHECKS

- Name & Surname: _____
Contact Number: _____
E-mail Address: _____
- Name & Surname: _____
Contact number: _____
E-mail Address: _____

NB! References provided here WILL be contacted.

DECLARATION

I, _____ (*full name(s) & surname*) hereby certify that the Information supplied above is true and correct. I hereby acknowledge and agree that should it become evident that I have willingly omitted or obscured the truth, Swakop Uranium may at any time and during any stage of my application and/or employment terminate my employment on the grounds of dishonesty.

Signature (Applicant): _____ **Date:** _____