PLACE PHOTOGRAPH HERE

NAMIBIA AIRPORTS COMPANY LIMITED
(Registration No: 98/472)
DEPARTMENT: HUMAN RESOURCES
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Email: hq@airports.com.na
Website: www.airports.com.na

EMPLOYMENT APPLICATION FORM: AVIATION SECURITY OFFICER

Private & Confidential

Name: _____

Position Applied For: _____

Date of Application: _____

Closing Date: _____

NOTE: This form should be completed in black ink and in the applicant's own handwriting. Please ensure that all required information is accurately provided. Incomplete, insufficient and inaccurate information will result in the automatic disqualification of this application.

BACKGROUND INFORMATION FOR COMPLETING YOUR APPLICATION

Please read and familiarize yourself with the following points as they will assist you in completing the application.

In order to comply with the National Civil Aviation Security Programme (NCASP), it is important that you complete this application form in black ink and in your own handwriting. Should there be any queries regarding the completion of the application form, please do not hesitate to contact us.

EMPLOYMENT REFERENCE CHECKS

It is crucial to complete the employment history section of this application form.

If there is a break in service/employment history, state such reasons on your application form.

When completing the application form, include your full names, postal and physical addresses of your previous and current employers inclusive of your dates of assumption of duty.

SECURITY VETTING

All prospective NAC employees are required to undergo security vetting.

Any applicant seeking employment in the aviation security division is expected to declare acceptance that the Namibia Central Intelligent Service (NCIS) may carry out a Counter Terrorist Check (CTC).

IMMIGRATION CONTROL ACT 1993

Note should be taken that in order to comply with the Immigration Control Act of 1993, a valid form of identification should be provided in order to confirm your eligibility to work in Namibia.
(*e.g. Passport/work visa/relevant Home Affairs documentation*).

DATA PROTECTION

The NAC requires certain information prior to commencing employment to ensure that reliable service and compliance with the relevant regulatory requirements and regulations are met.

The information to be provided on this form will be treated with the strictest confidentiality it deserves.

DECLARATION

I confirm that I have read and understood the information provided as stated above.

Signature: _____

Date: _____

HAS THE POST BEEN ADVERTISED: (*Reference*)

Advertised in: _____
Date: _____

A) AIRPORT WHERE THE POSITION IS APPLIED FOR:

B) PERSONAL DETAILS:

Surname: (*including maiden name if applicable, in block letters*)	*Mark with x in the appropriate space*
First Names: (*in block letters*)	
Namibian Identity Number:	**Date of Birth** *DD/MM/YY* / /
Passport No: _____	**Gender**
Citizenship: _____	*Male* *Female*
Are you legally eligible to work in Namibia? **Yes / No**	
Do you hold a valid driving Licence? **Yes / No**	**Marital Status** *Single*
If "*Yes*", state licence code:	*Married* *Divorced* *Widowed*

Postal Address: _____ _____ **Residential address:** _____ _____	

Cell: _____ *Home:* _____ *Email:* _____	*Work:* _____ *Fax No:* _____ *Fax2mail:* _____

Have you ever been convicted of a criminal offence?	No ☐	Yes ☐
Have you ever been dismissed from employment?	No ☐	Yes ☐
Is a criminal or any other case against you pending?	No ☐	Yes ☐
If you answered "*Yes*" in any of the above questions, kindly furnish full particulars on a separate sheet.		

C) LANGUAGE PROFICIENCY

Language					
Speak					
Read					
Write					

State "Good", "Fair" or "Poor" in the appropriate box

D) ACADEMIC QUALIFICATIONS

Name of educational institution or centre	*Certificate and/or diplomas obtained*	*Subjects*	*Month and year qualification was obtained*
School	*State highest qualification only*	…… …… …….. …….. …….. …….. ……..	
Universities, Colleges and other institutions	*State all qualifications*	…… …… …….. …….. …….. …….. ……..	
State field of further study and institution (if any):			

E) WORKING EXPERIENCE

Employer	*Position held*	*From*			*To*			*Reason for change*
		Day	*Month*	*Year*	*Day*	*Month*	*Year*	

F) NON-QUALIFYING TRAINING RECEIVED

Training Institution	*Dates*		*Qualification Obtained / Course Studied*
	From	*To*	

G) CONTRACTUAL OBLIGATIONS

Do you have any contractual obligations, i.e. study, military, bursaries, ect? (If so, give details)

H) PLEASE GIVE DETAILS AS TO WHY YOU FEEL THAT YOU ARE THE SUITABLE CANDIDATE FOR THIS POSITION, OUTLINING ANY RELEVANT EXPERIENCE AND QUALIFICATIONS.

Please continue on a separate sheet if necessary

I) REFERENCES

Please give the names and addresses of at least three (3) people who will provide you with a reference. These should be at your current/former employer and **not friends** or **relatives** and **must** cover at least the last 5 years.

Name & Surname: _____ ***Position Held***: _____ ***Institution***: _____ ***Address***: _____ _____ _____ _____ ***Contact No***: _____	***Name & Surname***: _____ ***Position Held***: _____ ***Institution***: _____ ***Address***: _____ _____ _____ _____ ***Contact No***: _____
Name & Surname: _____ ***Position Held***: _____ ***Address***: _____ _____ _____ _____ ***Contact No***: _____	***Name & Surname***: _____ ***Position Held***: _____ ***Address***: _____ _____ _____ _____ ***Contact No***: _____

J) DECLARATION

I declare that the particulars and information on this form is, to the best of my knowledge true, complete and correct and I did not withhold any required information. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

_____ _____

Signature **Date**

FOR OFFICIAL USE ONLY

Application form fully completed and all information required is correctly furnished:

_____ _____ _____

Name & Signature **Rank** **Date**