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ANNEX 5

SEYCHELLES PUBLIC SERVICE

GOVERNMENT OF SEYCHELLES - EMPLOYMENT APPLICATION FORM

1. POSITION APPLIED FOR

POSITION TITLE	EMPLOYER NAME	POSITION CODE
		☐☐☐ ☐☐☐☐ ☐☐☐

2. PERSONAL INFORMATION

Surname: (Dr/Mr/Mrs/Ms) First Names: *(tick name normally used)*	Initials	National Identity Number ☐☐☐ ☐☐☐☐ ☐☐ ☐☐
Surname at Birth: ……		Date of Birth: ☐☐ ☐☐ ☐☐☐☐
Nationality:		Country of Birth:
Gender: Male: ☐ Female: ☐	Residential/Postal Address:	Contact Numbers:
Marital Status Single: ☐ Married: ☐ Divorced: ☐		

3. EDUCATION AND TRAINING RECORD

Level/Course:……	
Qualification Obtained: ……	
Subjects: ……	
Institute: Name:…… Address: ……	Date Entered: ……/……/……..
	Date Left: ……/……/……
Level/Course:……	
Certificate Obtained: ……	
Subjects: ……	
Institute: Name:…… Address: ……	Date Entered: ……/……/……..
	Date Left: ……/……/……
Level/Course:……	
Certificate Obtained: ……	
Subjects: ……	
Institute: Name:…… Address: ……	Date Entered: ……/……/……..
	Date Left: ……/……/……

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4. LANGUAGES

Language	Level and Qualifications (if any)
1. Kreol	
2. English	
3. French	
4.	
5.	

5. DRIVING LICENCE (S): State Types which you possess: ……

6. EMPLOYMENT HISTORY

Employing Organisation …… Address: …… Position Occupied: …… From: ……/…… …/…… To: ……/……/…….. Reason for Leaving: ……..	Salary Grade: SG: ……... Gross Salary/year: SR: ……..
Employing Organisation: …… Address: …… Position Occupied: …… From: ……/…… …/…… To: ……/……/…….. Reason for Leaving: ……..……	Salary Grade: SG: ……... Gross Salary/year: SR: ……..
Employing Organisation: …….. Address: …… Position Occupied: …… From: ……/…… …/…… To: ……/……/…….. Reason for Leaving: ……..	Salary Grade: SG: ……... Gross Salary/year: SR: ……..
Employing Organisation: …….. Address: …….. Position Occupied: …….. From: ……/…… …/…… To: ……/……/…….. Reason for Leaving: …….	Salary Grade: SG: ……... Gross Salary/year: SR: ……..

7. On what date would you be available to take up employment: ...../...../.....

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8. DESCRIPTION OF CAREER
(Please give a concise account of relevant experience and reasons for applying for this post. Use additional sheets if necessary):

9. REFERENCES
(Give Details of two persons in a supervisory position known to you for two years):

Surname:	First Names:	Contact:
Address:	Occupation:	
Surname	First Names:	Contact:
Address:	Occupation:	
May we contact? (a) Your present employer? ……. (b) Your past employers? ……		

10. NEXT OF KIN
(Person to be contacted in case of emergency)

Surname	National Identity Number: ☐☐☐☐
First Names	Contact Numbers:
Address: …….....	
Relationship to applicant:	

11. OTHER RELEVANT PARTICULARS
(Describe any special interests)

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12. INTERESTS IN PRIVATE BUSINESS
(Give details)

13. DECLARATION

The facts set forth in this application for employment are true and complete.

Signature: Date: ……/……/…….

14. COMMENTS OF PRESENT EMPLOYER
(If applicable)

Name:

Designation:

Signature: ..... Date: ……/……../…….