

SEYCHELLES PUBLIC SERVICE

GOVERNMENT OF SEYCHELLES - EMPLOYMENT APPLICATION FORM

1. POSITION APPLIED FOR

POSITION TITLE	EMPLOYER NAME	POSITION CODE
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. PERSONAL INFORMATION

Surname: (Dr/Mr/Mrs/Ms) First Names: (tick name normally used)	Initials	National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname at Birth:	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality:	Country of Birth:	
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Residential/Postal Address:	Contact Numbers:
Marital Status Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/>		

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:/...../.....

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

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

8. DESCRIPTION OF CAREER

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

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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: <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
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:/...../.....