

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"/>

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"/>		
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 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:/...../.....

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

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

Signature:

Date:/...../.....

**15. COMMENTS OF PRESENT EMPLOYER
(If applicable)**

Name:

Designation:

Signature:

Date:/...../.....

