

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