

## 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"/> <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"/> <input type="text"/> <input type="text"/>
Nationality:		Country of Birth:
Gender:  Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Residential/Postal Address:	
Marital Status  Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/>	Contact Numbers:	

## 3. EDUCATION AND TRAINING RECORD

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

**OTHER RELEVANT PARTY:**  
(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: ...../.....

