

SEYCHELLES PUBLIC SERVICE

GOVERNMENT OF SEYCHELLES -EMPLOYMENT APPLICATION FORM
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1. POSITION APPLIED FOR

POSITION TITTLE	EMPLOYER NAME	POSITION CODE

2. PERSONAL INFORMATION

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

3. EDUCATION AND TRAINING RECORDS

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 Type which you possess:

6. EMPLOYEMENT HISTORY

<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>SALARY GRADE:</p> <p>SG:</p>
<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>GROSS SALARY/YEAR:</p> <p>SCR:</p>
<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>SALARY GRADE:</p> <p>SG:</p>
<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>GROSS SALARY/YEAR:</p> <p>SCR:</p>
<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>SALARY GRADE:</p> <p>SG:</p>
<p>EMPLOYEE ORGANISATION:</p> <p>ADDRESS:</p> <p>POSITION OCCUPIED:</p> <p>FROM: _____ To: _____</p> <p>REASON FOR LEAVING:</p>	<p>GROSS SALARY/YEAR:</p> <p>SCR:</p>

Form
PM/05

7. On what date you will be available to take up Employment?

8. DESCRIPTION OF CAREER

(Please give a concise account of relevant experience and reasons for applying this post.
Use additional sheet 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:		

**Form
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**12. Interest 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:.....