

GOVERNMENT OF SEYCHELLES - EMPLOYMENT APPLICATION FORM

1. PERSONAL INFORMATION

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"/>		Surname: (Dr/Mr/Mrs/Ms)		Initials:
Surname at Birth:		First Names:		
Nationality:	Country of 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"/> <input type="text"/> <input type="text"/>		
Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Postal Address:		Home Telephone Number:	
Single: <input type="checkbox"/> Married: <input type="checkbox"/>				

2. EDUCATION AND TRAINING RECORD

Level/Course:.....		Course Code:	
Certificate Obtained:			
Subjects:			
Institute: Name:.....		Date Entered:/...../.....	Qual. Code:/...../.....
Address:		Date Left:/...../.....	Equivalence Ref.
Level/Course:.....		Course Code:	
Certificate Obtained:			
Subjects:			
Institute: Name:.....		Date Entered:/...../.....	Qual. Code:/...../.....
Address:		Date Left:/...../.....	Equivalence Ref.
Level/Course:.....		Course Code:	
Certificate Obtained:			
Subjects:			
Institute: Name:.....		Date Entered:/...../.....	Qual. Code:/...../.....
Address:		Date Left:/...../.....	Equivalence Ref.

3. LANGUAGES:

Language:	Level and Qualifications (if any)	Code:
1. Kreol		
2. English		
3. French		
4.		
5.		

4. DRIVING LICENCE (S) (State Types which you possess:)

5. EMPLOYMENT HISTORY:

Employer's Surname: First Names: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SP: Gross Salary/year: SR:
Employer's Surname: First Names: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SP: Gross Salary/year: SR:
Employer's Surname: First Names: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SP: Gross Salary/year: SR:
Employer's Surname: First Names: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	

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

6. 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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7. REFERENCES (Give Details of two persons not relatives known for two years):

Surname:	First Names:	
Address:		
Occupation:		
May we contact (a) Your present employer? (b) Your past employers?		

8. SPOUSE

Spouse: National Identity Number <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Surname:
Surname at Birth (if applicable)	First Names:

9. NEXT OF KIN

National Identity Number: <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Surname:
Telephone Number:	First Names:
Address:	

10. OTHER RELEVANT PARTICULARS (Describe any special interests)

11. INTERESTS IN PRIVATE BUSINESS (Give details)

12. DECLARATION

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

Signature:

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

13. POSITION APPLIED FOR

POSITION TITLE	EMPLOYER NAME	POSITION CODE													
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>													

14. COMMENTS OF PRESENT EMPLOYER (If applicable)

Designation:

Signature:

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

