

FORM HPA-1 GOVERNMENT OF SEYCHELLES – EMPLOYMENT APPLICATION FORM

1. POST APPLIED FOR

Title:	Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Organisation:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. PERSONAL INFORMATION

National Identity Number:		Surname: (DR/Mr/Mrs/Ms)	Initial
Surname at Birth:		First Names:	
Nationality:	Country of Birth:	Date of Birth:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Postal Address:	Contact Telephone Number:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>			

3. EDUCATION AND TRAINING RECORD

Insert the three highest qualification/level of education completed

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.

4. LANGUAGES:

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

5. DRIVING LICENSE (S) <i>(State types which you possess :)</i>	Type		

6. EMPLOYMENT HISTORY

Employer Name:		
Address:		
Position Occupied:		Gross Salary/Year:
From:	To:	
Reason for Leaving:		
Employer Name:		
Address:		
Position Occupied:		Gross Salary/Year:
From: ____/____/____	To: ____/____/____	SR
Reason for Leaving:		
Employer Name:		
Address:		
Position Occupied:		Gross Salary/Year:
From: ____/____/____	To: ____/____/____	SR
Reason for Leaving:		

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

7. 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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8. REFERENCES (Give details of two persons not relatives known for two years):

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

9. OTHER RELEVANT PARTICULARS (Describe any special interests and hobbies)

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10. NEXT OF KIN

National Identity Number:	Surname:
Contact Telephone Number:	First Names:
Address:	
Mother's Name and Surname:	Mother's maiden surname:
Mother's residential address (if deceased, write "Deceased"):	

11. FAMILY

SPOUSE: 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"/>	Surname:
Surname at Birth (If applicable)	First Names:

(Please continue under separate cover.)

CHILD 1: 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"/>	CHILD 2: 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"/>
Surname:	Surname:
First Names:	First Names:
Date of Birth: ____/____/____	Date of Birth: ____/____/____
School Attended:	School Attended:
CHILD 3: 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"/>	CHILD 4: 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"/>
Surname:	Surname:
First Names:	First Names:
Date of Birth: ____/____/____	Date of Birth: ____/____/____
School Attended:	School Attended:

12. INTEREST IN PRIVATE BUSINESS (Give details)

13. DECLARATION (To be completed by applicant)

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

Signature: _____

Date: ____/____/____

14. ENDORSEMENT OF PRESENT EMPLOYER (If applicable)

Designation: _____	Signature: _____
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If for any reason you should not wish to endorse this application or if you should wish to comments, please continue under separate cover.