

APPLICATION FORM  
Post of Office Auxiliary/Senior Office Auxiliary

PART A

1. Surname: .....  
(in block letters)  
  
Other Names: .....  
(in block letters)  
  
Maiden Name (if applicable).....  
  
Title: Mr. ☐      Mrs. ☐      Miss ☐      Ms ☐      (Tick as appropriate)
2. Date of Birth: ..... Age: .....
3. National Identity Card No: 

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4. Residential Address: .....  
(in block letters)  
  
Phone No.      Office: .....      Home: .....      Mobile: .....  
  
Email address: .....
5. Date joined Government Service: .....
6. Date transferred to the Permanent and Pensionable Establishment (PPE) and in which grade:-  
  
Date: ..... Grade: .....
7. (i) Present Post Held: .....  
  
(ii) Whether in a temporary/substantive capacity: .....
8. Date of appointment to present post:-  
  
Date: ..... Grade: .....
9. Present Posting (Ministry/Department): .....
10. Present Salary (Basic) Rs: .....

11. Previous appointment held in Government Service (in other grades)

Grade	Period		Ministry/Department	Date of Appointment
	From	To		

12. QUALIFICATIONS

Cambridge School Certificate

General Certificate of Education "Ordinary Level"

Year .....

Year .....

	Subject	Grade	Subject	Grade
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	.....	.....	.....	.....
7	.....	.....	.....	.....
8	.....	.....	.....	.....

13. Any other Qualifications: .....

14. Experience relevant to the post of Office Auxiliary/Senior Office Auxiliary:

.....

*(documentary evidence of experience claimed to be enclosed)*

15. (a) Have you been the subject of an investigation/enquiry for any offence during the last 10 years?

Answer: Yes or No..... If yes, indicate nature of offence and date of outcome.

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(b) Have you ever been prosecuted before a Court of law for any offence AND subsequently found guilty during the last 10 years?

Answer: Yes or No..... If yes, give details (court charge, date of judgment and sentence - e.g. imprisonment, fine, caution or conditional discharge):-

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16. Have you ever resigned or retired or been dismissed from the Public Service on any grounds whatsoever?

Answer: Yes or No..... If yes, give details:-

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**17. IMPORTANT – PLEASE READ THE ADVERTISEMENT CAREFULLY:**

**Incomplete, inadequate or inaccurate filling of the Form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his/her appointment.**

**DECLARATION**

I, ....., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not wilfully suppressed any material fact.

Date: .....

.....  
(Signature of Applicant)

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**FOR OFFICIAL USE**

**TO BE COMPLETED BY THE HUMAN RESOURCE SECTION**

I, ....., hereby certify that the particulars given at PART A have been verified and found to be correct.

**Date:** .....

**Signature:** .....

**Designation:** .....

**Official Seal**



**PART B**

**TO BE COMPLETED BY SUPERVISING OFFICER/A DELEGATED OFFICER**  
**(not below the rank of Human Resource Executive)**

- (a) Has the applicant ever performed the duties of Office Auxiliary/Senior Office Auxiliary? Yes/No  
If yes, please give details with dates.

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- (b) Has applicant been the subject to disciplinary action under PSC Regulations, during the last ten years? Yes/No  
If yes, please give details including punishment inflicted.

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- (c) State whether the applicant is proceeding on leave prior to retirement or is about to retire from the service.

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- (d) State whether the applicant is on leave without pay/proceeding on leave without pay.

.....

- (e) Report on work, conduct and attendance of applicant:

(i) Work: .....

(ii) Conduct: .....

(iii) Attendance: .....

- (f) **Report on Competencies**

(i) Ability to communicate in English and French:

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.....

(ii) Possess qualities such as reliability and trustworthiness:

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(iii) Possess communication and interpersonal skills:

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(iv) Ability to work in a team:

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**Statement of Leave Taken**

YEAR	SICK LEAVE		NUMBER OF LEAVE WITHOUT PAY	NUMBER OF UNAUTHORISED ABSENCES
	Period	No of days		
2022				
2023				
2024				
2025 to date				

**Date:** .....

**Signature:** .....

**Name:** .....

**Rank:** .....

**Official Seal**

