

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:

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 grade/post:-

Date: Grade:

9. Present Posting (Ministry/Department):

10. Present Salary (Basic) Rs:.....

(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 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)

FOR OFFICIAL USE

TO BE COMPLETED BY HR SECTION

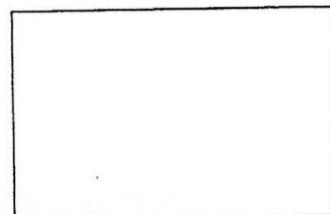
I,, hereby certify that the particulars given at PART A have been verified and found to be correct.

Date:

Signature:

Designation:

Official Seal



(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		
2016				
2017				
2018				
2019 to date				

Date:

Signature:

Name:

Rank:

Official Seal

