

THE ELECTORAL COMMISSION SEYCHELLES – EMPLOYMENT APPLICATION FORM

| 1. POST APPLIED FOR | | | | | | |
|--|---------------------------------|----------------|-------|----------------|----------------|--|
| Title: | | | | Code: | | |
| Organisation: | | | | | | |
| 2. PERSONAL INFORMA | TION | | | | | |
| National Identity Number: | | Surname: (DR/N | Mr/Mı | rs/Ms) | Initial | |
| Surname at Birth: | | First Names: | | | | |
| Nationality: | Country of | | | | Diuth. | |
| Nationality. | Country of Birth: | | | Date of Birth: | | |
| Gender: | Residential / Postal Address: I | | Pho | one No: | | |
| Male Female Marital Status: | | | Em | nail: | | |
| Single Married | | | | | | |
| 3. EDUCATION AND TRA Insert the three highest qualifica | | | | | | |
| Level/Course: | | • | | Cou | ırse Code: | |
| Certificate Obtained: | | | | | | |
| Subjects: | | | | | | |
| • | | | Dat | e Entered: | | |
| Institute Name: | | | | Dat | e Left: | |
| Address: | | | | Course Code: | | |
| Level/Course: | | | | | | |
| Certificate Obtained: | | | | | | |
| Subjects: | | | | Dat | e Entered: | |
| Institute Name: | | | | | _// e Left: | |
| Address: | | | | | _// | |
| Level/Course: | | | | Cou | urse Code: | |
| | | | | | | |
| Certificate Obtained: | | | | | | |

| Subjects: | <u></u> | | | | | |
|---|--|------------------------|--------------------|---|--------------------|------------|
| | | | | | | Entered: / |
| | | | | | Date I | |
| ridaress | | | | | | |
| THE ELECTOR | AL COMMISSIO | ON SEYCHELLES – EMPLOY | ME | ENT APPLI | CATION FO | RM |
| 4. LANGUAGES | • | | | | | |
| Language: | Level and Qualification (if any) | | | | | |
| 1. Creole | | | | | | |
| 2. English | | | | | | |
| 3. French | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| | | | | | Type | |
| 5. DRIVING LICENSE (S) (State types which you possess:) | | | | | | |
| 6. EMPLOYMEN | T HISTORY | | | | | |
| Employer's Name: | | | | | | |
| Address: | | | | | | |
| | | | | | | |
| Position Occupied: | <u>; </u> | | Gross Salary/Year: | | | |
| From: | | То: | | | | |
| Reason for Leaving: | : | | | | | |
| Employer's Name: | | | | | | |
| | | | • • • • | | ••• | |
| Address: | <u></u> | | · · · · · | <u></u> | | |
| Position Occupied: | | | | | Gross Salary/Year: | |
| From:/ | / To:/ SR | | | | | |
| Reason for Leaving: | <u>:</u> | | | | | |
| Employer's Name: | | | . . | • | | |
| Address: | | | | | | |

| | | | | | 1 |
|----------------|---------------------------|----------------------------|---|--------------------------|-------------------|
| Position Occup | oied: | | | Gross Salary/Year: | - |
| From: | //_ | To:/ | / | SR | |
| Reason for Lea | avino: | | | | |
| Reason for Lec | tving. | ••••• | • | | _ |
| On what date w | vould you be availal | ble to take up employ | ment? | | |
| | | | | | |
| Т | HE ELECTORAL CO | MMISSION SEYCHELL | ES – EMPLOYMI | ENT APPLICATION FORM | |
| | TION OF CAREE | | sons for applying | for this post. Use add | itional sheets if |
| necessary) | - Concise account of reac | evant experience and rea | sons for applying | , for this post. Osc add | |
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| | NOTE COLUMN | | | | J |
| | NCES (Give details of | f two persons not relative | s known for two ye | ears): |] |
| Name: | | | | | - - |
| Address: | | | | | |
| Occupation: | | | | | |
| May we contact | (a) Your present emplo | oyer? | (b) Your past em | ployers? | - |
| | | | | | 1 |
| 9. OTHER I | RELEVANT PART | TICULARS (Describ | e any special intere | ests and hobbies) | 7 |
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| 10. NEXT OF KIN | |
|--|------------------------------------|
| National Identity Number: | Surname: |
| Contact Telephone Number: | First Names: |
| Address: | |
| | |
| | |
| THE ELECTODAL COMMISSION SEVELIE | LEC EMPLOYMENT ADDITION FORM |
| THE ELECTORAL COMMISSION SETCHE | LLES – EMPLOYMENT APPLICATION FORM |
| 11. FAMILY | |
| SPOUSE: | Surname: |
| National Identity Number: | |
| Surname at Birth (If applicable) | First Names: |
| (Please continue under separate cover.) | |
| 12. INTEREST IN PRIVATE BUSINESS (| (Give details) |
| | |
| | |
| 13. DECLARATION (To be completed by appl | licant) |
| The facts set forth in this application are true a | and complete. |
| Signature | Date· / / |