

SEYCHELLES HERITAGE FOUNDATION - EMPLOYMENT APPLICATION FORM

1. POSITION APPLIED FOR

Position Title:
Organisation:

2. PERSONAL INFORMATION

Surname: (Dr/Mr/Mrs/Ms)	National Identity Number <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
First Names: (tick name normally used)	Initials:											
Surname at Birth:	Date of Birth: <table style="display: inline-table; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
Nationality:	Country of Birth:											
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Residential/Postal Address:	Contact Numbers:										
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced												

3. EDUCATION AND TRAINING RECORD

Level/Course:
Qualification Obtained:
Subjects:
Institute Name: Date Entered:/...../.....
Address: Date Left:/...../.....
Level/Course:
Qualification Obtained:
Subjects:
Institute Name: Date Entered:/...../.....
Address: Date Left:/...../.....
Level/Course:
Qualification Obtained:
Subjects:
Institute Name: Date Entered:/...../.....
Address: Date Left:/...../.....

4. LANGUAGES

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

5. DRIVING LICENCE (S): *(State types which you possess:)*

6. EMPLOYMENT HISTORY

Employing Organisation: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SB: Gross Salary/Year: SR:
Employing Organisation: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SB: Gross Salary/Year: SR:
Employing Organisation: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SB: Gross Salary/Year: SR:
Employing Organisation: Address: Position Occupied: From:/...../..... To:/...../..... Reason for Leaving:	Salary Band: SB: Gross Salary/Year: SR:

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

8. DESCRIPTION OF CAREER

(Please give a concise account of relevant experience and reasons for applying for this post.
Use additional sheets if necessary if necessary):

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9. REFERENCES

(Give details of two persons in a supervisory position known to you for two years):

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

10. NEXT OF KIN

(Person to be contacted in case of emergency)

Surname:	National Identity Number <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<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"/>		
First Names:	Contact Numbers:										
Address:											
Relationship to applicant:											

11. OTHER RELEVANT PARTICULARS

(Describe any special interests)

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12. FAMILY

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

Child 1 Surname:	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"/>
First Name:	
Date of Birth:/...../.....	School Attended:
Child 2 Surname:	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"/>
First Name:	
Date of Birth:/...../.....	School Attended:
Child 3 Surname:	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"/>
First Name:	
Date of Birth:/...../.....	School Attended:
Child 4 Surname:	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"/>
First Name:	
Date of Birth:/...../.....	School Attended:

13. INTEREST IN PRIVATE BUSINESS (Give details)

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14. DECLARATION (To be completed by applicant)

The facts set forth in this application for employment are true and complete.	
Signature:	Date:/...../.....

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