



ANTI-CORRUPTION COMMISSION
SEYCHELLES

EMPLOYMENT APPLICATION FORM

NOTE: INCOMPLETE APPLICATION FORM WILL NOT BE CONSIDERED

Position applied for: _____

1. PERSONAL INFORMATION

Surname:	First name(s):
Surname at birth (if applicable):	
Postal Address:	Residential Address:
National Identity Number:	Date of Birth:
Nationality:	Country of Birth:
Contact Details: Mobile: Home line: Email Address:	
Marital Status:	
Sex:	

2. FAMILY INFORMATION

<u>MOTHER</u>	Surname:	First Names:
	National Identity Number:	Surname at Birth (if applicable):
<u>FATHER</u>	Surname:	First Names:
	National Identity Number:	Surname at Birth (if applicable):
<u>SPOUSE</u>	Surname:	First Names:
	National Identity Number:	Surname at Birth (if applicable):
<u>CHILDREN</u>	Surname:	First Name:
	1.	
	2.	
	3.	

3. NEXT OF KIN DETAILS

Surname:	First names:
National Identity Number:	
Relationship:	
Contact Number:	
Address:	

4. EDUCATION AND TRAINING RECORD *(Insert the highest qualifications/level of education completed)*

Level/Course:	
Certificate obtained:	
Subjects of study:	
Institute name:	
Address:	
Date entered:	Date left:
Level/Course:	
Certificate obtained:	
Subjects of study:	
Institute name:	
Address:	
Date entered:	Date left:
Level/Course:	
Certificate obtained:	
Subjects of study:	
Institute name:	
Address:	
Date entered:	Date left:

5. LANGUAGES:

Language	Proficiency <i>(mother tongue, fluent, intermediate, basic)</i>

6. **EMPLOYMENT HISTORY** *(Please list beginning from the most recent)*

Employer's Name:	
Address:	
Position Occupied:	
From: _____ To: _____	Salary per month:
Reason for leaving:	
Name and position of Immediate supervisor:	
Contact number: _____ May we contact your supervisor: Yes/No	

Describe main duties and responsibilities: _____

Employer's Name:	
Address:	
Position Occupied:	
From: _____ To: _____	Salary per month:
Reason for leaving:	
Name and position of Immediate supervisor:	
Contact number: _____ May we contact your supervisor: Yes/No	

Describe main duties and responsibilities: _____

Employer's Name:	
Address:	
Position Occupied:	
From: _____ To: _____	Salary per month:
Reason for leaving:	

Name and position of Immediate supervisor:

Contact number: _____ May we contact your supervisor: Yes/No

Describe main duties and responsibilities: _____

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

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8. REFERENCES

Name:	Name:
Address:	Address:
Company:	Company:
Position:	Position:
Contact number:	Contact number:

9. **INTEREST IN PRIVATE BUSINESS** *(Give details)*

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Have you ever applied to/ worked for ACCS before? If yes, please explain (include date)

Do you have friends, relatives or acquaintances working for ACCS? If yes, state name and relationship.

On what date would you be available to take up appointment? _____

I declare that the facts set forth in this application are true and complete and understand that a false statement or dishonest renders me liable for dismissal.

Applicant's signature: _____ Date: _____

10. ENDORSEMENT OF PRESENT EMPLOYER *(if applicable)*

Designation: _____

Signature: _____ Date: _____

If for any reason you should not wish to endorse this application or if you should wish to comment, please continue on corporate letterhead.