| APPLI                        | CAITOR              | N FO                 | K PK   | OMOITC                   | N IN             | THE PUB            | LIC SERVICE              |  |
|------------------------------|---------------------|----------------------|--|--------------------------|------------------|--------------------|--------------------------|--|
| 1. Position Desire           | d                   |                      |  |                          |                  |                    |                          |  |
| 2. Family Name               | First Name          |                      |  | Middle Name N            |                  |                    | aiden Name, if any       |  |
| 3. Present Addres            | s (Residents)       |                      |  |                          |                  |                    |                          |  |
| 4. Date of Birth             |                     | 5.                   | Sex  | 6. Mari                  | tal Status       |                    | 7. Nationality           |  |
| Day Mor                      | nth Year            | .                    | Male   | Sing                     | le 🔲             | Separated          |                          |  |
|                              | Female              |                      |  | ☐ Divorced ☐ Married ☐   |                  |                    |                          |  |
|                              |                     |                      |  | —<br>Widd                | ow(er)           |                    |                          |  |
| 8. Substantive po            | ost and salary      | Range                |  |                          |                  | bstantive post, st | ate whether:             |  |
| Ministry/Department          |                     |                      | Acting Assigned Seconded   |                          |                  |                    |                          |  |
| Willinstry/Departi           | Ministry/Department |                      |  | Posting and salary Range |                  |                    |                          |  |
|                              |                     |                      |  | Ministry/De              | partment         |                    |                          |  |
| 10. Education/Ti             | aining and Qu       |                      |  |                          |                  |                    |                          |  |
| Schools/Institutions Date of |                     |                      | Relevant training courses taken, Examination passed, Degree/Diploma/Certificate obtained |                          |                  |                    |                          |  |
| Attende                      | ed                  | Entry                | Entry Leaving (detail subjects, grades and dates obtained                                |                          | d dates obtained |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
| 11. Experience (i            | n chronologic       | al order)            |  |                          |                  |                    |                          |  |
| Post                         |                     | ation, Mi<br>epartme |  | From                     | ТО               | Duti               | ities (describe briefly) |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
|                              |                     |                      |  |                          |                  |                    |                          |  |
| 12. Other relevant i         | nformation          |                      |  |                          |                  |                    |                          |  |
|                              | ,                   |                      |  |                          |                  |                    |                          |  |
| Date                         |                     |                      | Sig  | nature                   |                  |                    |                          |  |
|                              | 155                 |                      | 0  |                          |                  |                    |                          |  |

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| FOR OFFICIAL USE ONLY              |                                      |  |  |  |  |  |  |  |
|------------------------------------|--------------------------------------|--|--|--|--|--|--|--|
| Name of Applicant:                 |                                      |  |  |  |  |  |  |  |
| 13. Comments of Head of Division   |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| Date                               | Signature                            | Post   |  |  |  |  |  |  |
| 14. Comments of Permanent Secre    | tary                                 |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| (a) State whether officer could be | pe released immediately on selectio  | n for acting appointment or promotion            |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| (b) State the period covered by    | the last Staff Report submitted to t | the Director of Personnel Administration on this |  |  |  |  |  |  |
| officer's work and conduct         |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| (c) State whether any disciplina   | ary action is taken or contemplated  | against this officer? If yes, give details       |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| (d) Other comments (if any)        |                                      |  |  |  |  |  |  |  |
| (a) other comments (if any)        |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
|                                    |                                      |  |  |  |  |  |  |  |
| Date                               | Signature                            | Post   |  |  |  |  |  |  |