Date Entered:

Date Left:

___/__/__

Qual Code:

Equivalence Ref.

Institute:

Name: ____

Address:

4. LANGUAGES:

4. <u>LANGUAGES.</u>		
Language:	Level and Qualifications (if any)	Code:
1. Kreol		
2. English		
3. French		
4.		
5.		
5. <u>DRIVING LICENCE (S)</u>	State Types which you possess:)	
6. EMPLOYMENT HISTO	D <u>RY</u>	
Employer Name:		
Address:		
Position Occupied:		Gross Salary/year:
From:/		SR:
Reason for Leaving:		
Employer Name:		
Address:		
Position Occupied:		Gross Salary/year:
From:/		SR:
Reason for Leaving:		
On what date would you be	available to take up employment?//	
Employer Name:		
Address:		
Position Occupied:		Gross Salary/year:
From:/	To:/	SR:
Reason for Leaving:		
Employer Name:		
Address:		
Position Occupied:		Gross Salary/year:
From:/	To:/	SR:
Reason for Leaving:		

GOVERNMENT OF SEYO	CHELLES – EMPLOYMENT AP	PPLICATION FORM	Page 3
7. DESCRIPTION OF CARE Use additional sheets if nec	ER (Please give a concise account sessary) (*)	unt of relevant experience	e and reasons for applying for this post.
8. <u>REFERENCES</u>	(Give details of two person	ns not relatives known for	r two years):
Name:			
Address:			
Occupation:			
May we contact	(a) Your present employer	?	(b) Your past employers?
9. <u>OTHER RELEVANT PAR</u>	TICULARS (Describe any spec	cial interests and hobbies) (*)
10. <u>NEXT OF KIN</u>			
National Identity Number:		Surname:	
		First Names:	
Address:			
Address.			

11. <u>FAMILY</u> (*)						
Spouse: National Identity Number		Surname:				
Surname at Birth (If Applicable):		First Names:				
National Identity Number:	Child 1:	Child 2:				
Surname:						
Date of Birth:	/	/				
School Attended:						
National Identity Number:	Child 3:	Child 4:				
Surname:						
First Name:						
Date of Birth:	/	/				
School Attended:						
12. <u>INTEREST IN SMALL BUSINESS</u> (Give details) (*)						
13. <u>DECLARATION</u> (To be completed by applicant)						
The facts set forth in this application for employment are true and complete.						
SIGNATURE:/						
14. ENDORSEMENT OF PRESENT EMPLOYER (If applicable) (*)						

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(*) Please continue on additional pages