



APPLICATION FORM

NOTES FOR GUIDANCE

- A. In completing this form, it is important that you provide all information as requested. The information provided should be as detailed and accurate as possible. Failure to do so can result in disqualification from the selection process
- B. If any of the particulars you give cannot be entered in the space provided, please continue on a separate A4 sheet
- C. The onus for the submission of equivalence of qualification (if applicable) from the relevant authorities rests on the candidates. Applications will not be considered in case of non-submission of Equivalence Certificate, as appropriate, by the closing date
- D. Candidates should enclose photocopies of their National Identity Card, academic/technical/professional qualifications and where applicable, equivalence of qualification and relevant documentary evidence of experience claimed
- E. If any of the section is not applicable, please indicate in writing 'N.A.' in that section.
- F. You are advised to make a photocopy of the completed form for your own reference.
- G. Candidates should produce written/documentary evidence of knowledge and work experience claimed.
- H. Particulars in respect of the posts are contained in the job description.

1. Post Applied for:

2. Family Name:

First Name:

Title (Mr/Mrs/Ms/Miss/Dr)

3. Residential Address:

4. National Identity Card No.

5. Age:

6. Nationality (ies) :

7. Residential Telephone No.

Mobile No.

Email:

8. Office Telephone No.

Office Fax No.

9.A. Are you computer literate? YES NO

B. Do you have any qualification in Information Technology? YES NO If 'Yes' provide particulars:

10. Secondary Ordinary level

State whether Cambridge S.C. or Cambridge G.C.E. or London General Certificate of Education (O Level).

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Month/year:

Exam Centre No.:

Index No.:

Subject	Level	Grade

11. **Secondary Advanced level**
 State whether Cambridge H.S.C. or Cambridge G.C.E. or London General Certificate of Education (A Level).

Month/year:	Exam Centre No.:	Index No.:
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Subject	Level	Grade

12. Diploma, First Degree & Post Degree Qualifications/ Professional Qualifications, Give full details - N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

NAME AND COUNTRY	ATTENDED FROM/TO		QUALIFICATIONS	MAIN COURSE OF STUDY
	Month/Year	Month/Year		

13. **EMPLOYMENT RECORD:**
 Use a separate block for each post. If you need more space, attach additional pages of the same size.
 Give basic monthly salary of present post.
 A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM	TO	BASIC MONTHLY SALARY	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR		

NAME OF EMPLOYER:	TYPE OF BUSINESS
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ADDRESS OF EMPLOYER:	NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
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	REASON FOR LEAVING
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DESCRIPTION OF YOUR DUTIES:

B. PREVIOUS POSTS		
FROM	TO	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	
NAME OF EMPLOYER:		TYPE OF BUSINESS
ADDRESS OF EMPLOYER:		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
		REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES:		
FROM	TO	EXACT TITLE OF YOUR POST
MONTH/YEAR	MONTH/YEAR	
NAME OF EMPLOYER:		TYPE OF BUSINESS
ADDRESS OF EMPLOYER:		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:
		REASON FOR LEAVING
DESCRIPTION OF YOUR DUTIES:		

FROM	TO	EXACT TITLE OF YOUR POST	
MONTH/YEAR	MONTH/YEAR		
NAME OF EMPLOYER:		TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	
		REASON FOR LEAVING	
DESCRIPTION OF YOUR DUTIES:			
14. REFERENCES: List two persons, not related to you and who are familiar with your work, behaviour and performance. NOTE: Referees will not be approached unless you are selected for an offer.			
FULL NAME	ADDRESS	CONTACT DETAILS (Phone & Email)	BUSINESS OR OCCUPATION
15. (A) Have you ever been arrested, charged, or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law in Mauritius or abroad? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.			
(B) Have you ever been subject to any disciplinary action or proceeding? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.			
16. Do you have any interest or hobby? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", specify			
17. State the reasons why you want to join the CSCM.			
18. I certify that the information contained above is correct, and complete to the best of my knowledge and belief. In completing this form, I understand that if I wilfully give false information or withhold any material information, it will render me liable to disqualification for appointment at the CSCM.			
DATE _____		SIGNATURE: _____	
Note: ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL			