**MINISTRY OF OCEAN ECONOMY, MARINE RESOURCES, FISHERIES, SHIPPING AND OUTER ISLANDS**

**APPLICATION FOR THE POST OF CARPENTER**

 **Section A (To be filled in by Applicant)**

1. **Title**: *Mr/Mrs/Miss*\* : ………………………………………………………………………………………………………………………...

2. **Surname**: …………………………………………………………………………………………………………………………………………...

 *(in Block Letters)*

 **Other Names**: ……………………………………………………………………………………………………………………………….…….

 *(in Block Letters)*

 **Maiden Name** (*if applicable*) …………………………………………………………………………………………………….……..…..

3. **Date of Birth**: ………………………………………………………………………….. **Age** : …………………………………………..….…

4. **National identity No**:……………………………………………………………………………………………………………………….......

5. **Residential Address**: ………………………………………………………………………………………………………………….…..…...

 ………………………………………………………………………………………………………………………..…………………………..………..

6. **Tel (Office)**:………………………………………………………………… **Mobile**:………………………………………………………….

7. **Present Appointment**: ……………………………………………………………………………………………………………………..….

8. **Date Transferred on Permanent and Pensionable Establishment:…………………………………………………**...

9. **Present Posting**:……………………………………………………………………………………………………………………………..…….

10. **Educational** **Qualifications (Please attach photocopies of Certificates):**

 (i) **Certificate of Primary Education Year: 19………. Result: Pass/Fail\***

 **Subjects Grade**

 1. …………………………………………….. …………….

 2. …………………………………………….. …………….

 3. …………………………………………….. …………….

 4. …………………………………………….. …………….

 5. …………………………………………….. …………….

 6. …………………………………………….. ……………..

 (ii) **Other qualifications: (Trade Test Certificate)** ……………………………………..………………………...………

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11. **Experience relevant to the post applied**: (*Attach documentary evidence*) …………………………………………….

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 …………………………………………… …………………………………………………………….…..

 **Date** (**Signature of Applicant**)

**Part B (to be filled by Head of Section/Division)**

12. **Adhoc Report on Applicant**

 Work: ………………………………………..…………………………….………………………………………………………………..…….….…

 Conduct: ………………………………………………………………….…………….…………………………………………...….…….……….

 Attendance: ………………………………………………………………………….……………………………………….………..…………….

13. I certify that the particulars at item 11 (if applicable) have been verified and found correct.

 ……………………………………………………………………………………………………………………………………………………………..

 **Signature of Head of Section/Division:………………………………………………………………………………………**...…..

 **Name:………………………………………………………**..……...

 **Grade:………………………………………………**...……..……… **Date:………………………………………**……………..

 **Part C (to be filled by HR Section of this Ministry)**

14. **Record of sick leave Unauthorised absences**

 2014 …………………………………...……..……..….... 2014 …………………………………………….….………....…….

 2015 …………………………………...….…….….…….. 2015 ………………………………………….………………….….

 2016 ……………………………………………………… 2016 ………………………………………………………….……..

 2017 (to date) ………………………...………...……… 2017 (to date) ………………………………….…………………

 **Date**: …………………………………………...……. **Signature**: …………………..………………..…………………..…

 **Name**: …………………………………….………………….….…….

 **Grade**: …………………………………………………………..……