**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.

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**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**: …………………………………………………………..……