APPLICATION FOR THE POST OF LABORATORY AUXILIARY IN THE MINISTRY OF OCEAN ECONOMY, MARINE RESOURCES, FISHERIES AND SHIPPING

Section A (To be filled in by Applicant)

| 1. | Surname (in block letters): | | | | | |
|---|---|--|--|--|--|--|
| 2. | Other Names (in block letters): | | | | | |
| 3. | Date of Birth: | | | | | |
| 4. | National Identity No.: | | | | | |
| 5. | Residential Address (in block letters): | | | | | |
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| | | | | | | |
| 6. | Tel (Office): Tel (Residence):(Mobile) | | | | | |
| 7. | Date joined service: as | | | | | |
| 8. | Date of first appointment: | | | | | |
| 9. | Date transferred on Permanent and Pensionable Establishment: | | | | | |
| 10. | Present post held: | | | | | |
| 11. | Date of Appointment to present post: | | | | | |
| 12. | Posting: (i) Present Ministry/Department: | | | | | |
| | (ii) Place of Work: | | | | | |
| | | | | | | |
| 13. | Present salary (Basic): | | | | | |
| 14. Educational Qualifications (Please attach photocopy of certificates): | | | | | | |
| | (a) State whether Primary School Leaving Certificate/Certificate of Primary Education | | | | | |
| | Year: | | | | | |
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| (b) | State whether Cambridge S.C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level) | | | | Cambridge H.S.C. or Cambridge G.C.E or Cambridge G.C.E or London General Certificate of Education (A Level) | | | |
|------|--|---------------------------|-----------------|--------------------------------|---|--------------|---|--|
| | Month / Year | | | | Month / Year | | | |
| | <u>Subje</u> | / | <u>Grade</u> | 9 | Subject | <u>Grade</u> | i | |
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| 5. | Experience relevant to the post applied for (Documentary evidence to be attached): | | | | | | | |
| | | | | | | | | |
| | Date: | | | | | | | |
| | | | | Signature of Applicant | | | | |
| ecti | ion B (| To be filled in by the N | linistry/Depart | men | t concerned) | | | |
| | (i) | Record of sick leave | | Record of unauthorised absence | | | | |
| | | 2014: | | | 2014: | | | |
| | | 2015: | | | 2015: | | | |
| | | 2016: | | | 2016: | | | |
| | | 2017 (to date): | | | 2017 (to da | ate): | | |
| | (ii) | (ii) Report on Applicant: | | | | | | |
| | | Work: | | | | | | |
| | | Conduct: | | | | | | |
| | | Attendance: | | | | | | |

| (iii) | Whether officer has been subject to disciplinary action during the last ten years. | | | | | | |
|-------|--|--|--|--|--|--|--|
| | If in the affirmative, please given | ve details: | | | | | |
| | | | | | | | |
| (iv) | I certify that particulars give | n by Applicant in Section A have been verified and | | | | | |
| | found correct, except: | | | | | | |
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| | | | | | | | |
| (v) | | ence claimed by Applicant and any other remarks. | | | | | |
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| | | | | | | | |
| Date | : | | | | | | |
| | | (Signature of Officer) | | | | | |
| | | | | | | | |
| | Stamp of | Name (in full): | | | | | |
| | - | Post held: | | | | | |
| Vinis | stry/Department | Contact No. | | | | | |

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