MINISTRY OF OCEAN ECONOMY, MARINE RESOURCES, FISHERIES AND SHIPPING

APPLICATION FORM FOR THE POST OF SKIPPER

Surn	ame:
	(in Block letters)
Othe	r Name(s):(in Block letters)
Date	of Birth: Age:
	onal Identity No: Single or Married:
Resi	dential Address:
Tele	phone No. (Home): (Mobile): (Office):
Qua	lifications: (Please submit photocopies of all Certificates)
Othe	r Qualifications or Experience as laid down in the advertisement.
(a)	Do you possess such Qualifications? Yes/No:
(b)	Do you possess any Experience? Yes/No:
	(Attach documentary evidence)
(c)	State the period during which you acquired such experience (in years):
(•)	
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-	loyment
(a) (i	
(ii) Ministry/Department/Private Sector:
(iii)Date of Employment:
(b) (i) Previous Employment/Appointment:
(ii) Ministry/Department/Private Sector:
ſ	iii) Date: From To: To:
Ĺ	, 2000. 110

9.	(a) Have you ever been prosecuted before a court of law for any offence and subsequently found guilty. (Yes/No)
	(If yes, give details)
	(b) Have you ever been dismissed or retired from the Public Service on any grounds whatsoever? (Yes/No)
offenc applic	IMPORTANT- PLEASE READ THE ADVERTISEMENT CAREFULLY: Incomplete, inadequate or trate filling of the form may cause the applicant's elimination from consideration. It is an e to give false information or to conceal any relevant information. This may lead to an ation being rejected or, if a candidate has already been employed on contract, to the nation of his employment.
	DECLARATION
that th	, the undersigned applicant, declare particulars in the applicant, declare the particulars in the application form and in the sheets thereof, are true and accurate to the fmy knowledge and belief and that I have not wilfully suppressed any material facts.
Date: .	Signature: