

(D) MY WORK/INTERNSHIP EXPERIENCE**Organisation:****Date Joined:****Job Title:****Date Left:****Description** (to include type of employment, e.g. permanent/contract/casual):**(E) MY QUALIFICATIONS (TERTIARY)** If you wish to highlight subjects that are relevant to the job, please provide details.**Qualification Level:****Certificate Type/Expected Certificate Type:****Duration of course:** ___ year(s) ___ month(s)**Year of Graduation:****Institution:****Institution Issuing the Qualification** (if different from Institution Attended):**Country of Study:****Country of Institution Issuing the Qualification:****(F) MY QUALIFICATIONS (NON-TERTIARY)** If you wish to highlight subjects that are relevant to the job, please provide details.**Qualification Level:****Certificate Type/Expected Certificate Type:****Duration of course:** ___ year(s) ___ month(s)**Year of Graduation:****Institution:****Country of Study:**

(G) DECLARATION

(1) I hereby give my consent to the relevant Government agencies to:

(a) Obtain and verify information from or with any source (including third parties) as may be deemed appropriate by the relevant Government agency for the purposes of assessing my application for employment.

(b) Share my personal data set out in this application form with other Government agencies for the purposes of recruitment and review of recruitment practices and for it to be also used as part of de-identified and aggregated data for reporting purposes.

(2) I declare that all the information given by me in this application for employment and any additional documents attached hereto are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected, any offer of employment may be withdrawn or my employment with the Service may be terminated summarily or I may be dismissed from the Service.

By signing below, I hereby certify that I have read and understood all of the clauses above and that I agree to all of them.

Signature of Applicant: _____

Date: _____

Note:

The following sections are optional. Agencies may include the following sections in the Public Service Job Application Form.

CURRENT PROFESSIONAL REGISTRATION	
Year of Registration	Professional Board

LANGUAGE PROFICIENCY	
Language/Dialect	Proficiency
	<input type="checkbox"/> Written & Spoken <input type="checkbox"/> Spoken Only
	<input type="checkbox"/> Written & Spoken <input type="checkbox"/> Spoken Only
	<input type="checkbox"/> Written & Spoken <input type="checkbox"/> Spoken Only

OTHER CERTIFICATIONS	
Title of Certificate Obtained:	
Institution Issuing the Qualification:	Country of Institution Issuing the Qualification:
Year Obtained:	

AWARDS & PRIZES	
Year	Description

ACADEMIC SCHOLARSHIPS & BURSARIES					
Date From	Date To	Sponsoring Organisation	Name of Scholarships/Bursaries	Bonded From (year)	Bonded To (year)

CCA/SPORTS (Please enter only major/key activities)		
Date From	Date To	CCA/Sports (Please indicate position held or level of participation)