

EMPLOYMENT APPLICATION FORM

To assist Recruitment in processing your application, please complete this form and attach it to the front of your application. Personal information provided to the Seychelles Ports Authority (SPA) is protected. The Department collects your personal information for management and recruitment purposes. The SPA will not disclose the information without your consent except where authorised or required by law. Non-identifying information may be used for statistical purposes.

Position Applied for

Position No.

Personal Contact Details			
Prefix: (Mr/Mrs/Dr etc.)			
Last Name		First Name	
NIN		DOB	

Postal Address		
Telephone (Home)	Telephone (Mobile/Work)	E-mail
If selected for an interview, how would you prefer to be contacted?		
Do you hold a current manual drivers license		Drivers License no.

Mother's Name	
Address	

Please fill in details of your employment record below in chronological order, starting with your current or latest position first. Use a separate block for each post.



Employment History

A. Present Post (Last Post, if not presently in employment)

Name Of Employer	Exact Post Title	From Month/Year	To Month/Year
Responsible to (Name and Job Title):			
Reason For Leaving:			

B. Second Most Recent

Name Of Employer	Exact Post Title	From Month/Year	To Month/Year
Responsible to (Name and Job Title):			
Reason For Leaving:			

C. Third Most Recent

Name Of Employer	Exact Post Title	From Month/Year	To Month/Year
Responsible to (Name and Job Title):			
Reason For Leaving:			



Education –Highest Level Attained

Year	Institution	Qualification

Other Training

Year	Institution	Qualification

Are you a member of any Professional/Technical Bodies?

Professional/Technical Body	Class of Membership	Date Obtained	Registration No./Reference



Referees

List the name of the three persons, not related to you, who are familiar with your character and qualifications. It is advisable to contact your referees at an early stage to let them know that you wish to give their name and ensure that they are willing to act as a referee. If you are short listed, contact will be made with the referees. If you do not wish for us to contact a referee prior to the interview, please indicate on this application form.

Full Name	Occupation/Organisation	Phone Number

Additional Information

When would you be able to commence employment?	
If employed, minimum period of notice required from your current position?	

Please provide additional comments here if required (or attach additional comments on a separate sheet)



Application Requirements - Once you complete this form, please submit it with the following attachments:

Cover Letter

Resume or Curriculum Vitae including

- Full employment details (including dates, position held and duties undertaken)
- Relevant Education Qualifications
- Relevant Training and Development Courses / Programs undertaken or being undertaken

Qualifications: If you have listed any formal qualification/s, please note you may be required to provide the original qualification/s at any time during the selection process.

I hereby declare that all information supplied by me in this form is true and that I have not wilfully suppressed any material fact. I also agree that if any false declaration is made by me, my Contract of Service may be terminated forthwith without notice.

I hereby grant the SPA permission to contact previous employers and referees to verify past employment, quality of work or appraise my character and reputation. I further grant the SPA permission to undergo a Police Check, if required, in relation to the position I am applying for.

I understand the employment with the SPA will be conditional upon being legally entitled to work in Seychelles and having no significant medical condition or criminal record that will unduly impact on my capacity to undertake the duties of the position I am applying for.

Signature		Date	
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