MINISTRY OF FINANCE, ECONOMIC STABILIZATION AND NATIONAL POILICIES

Welfare Benefits Board - Social Protection Project Application Form

POS	ST APPLIED):														
1.	Name in Ful	1:														
2.	Name with Initials:															
3.	Permanent Address:															
4.	Tel:	Fax:														
	Mobile		E-mail:													
5.	National Ide															
6.	Date of Birth:															
	Year: Month: Day:															
7.	Age as at closing date of Applications:															
	Years: Months: Days:															
8.	Civil Status															
9.	Citizenship:															
10.	10 Higher Educational Qualifications [First Degree and Postgraduate Degree (s)]															
	University/ Institution	Degree	Class		Ge	ecial neral gree			ain Ibjec	t/Su	bject		From	-To		Effective date of Degree

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11.	. Professional Qualification _s /Charted Corporate Memberships etc.								
	University/Institution	Examination passed	Specialization	Year of Passing					
12.	Certificates (if any)								
	Course/Certificate	Field	Name of the Institution/University	Year					
13.	Any other Academic Di	stinctions Scholarships,	Medals, Prizes, etc. (indi	cate the Institution					
			d research and publicatio						
1/	If a government amplex	100 ·							
14.	If a government employee : Service :								
	Class:								
	Appointment date to the service :								
	l								

15.	Current Em	ploym	ent Record	ls										
								Brief		Time Period				
	Post		esignation	1	Instituti	ion	D	Description of Duties		From (dd/mm/yyyy)		(dd/1	To nm/yyyy)	
										(dd/III	111/ <u>y y y y)</u>	(dd/1	11111/ y y y y <u>y</u>	
16.	Previous w	orking	Experienc	e (S	starting wit	th pres	ent	position an	nd (continu	e in revei	rse ord	ler)	
	Post/		Institution		Brief Description of Duties			Relevancy to the applied	Time Period					
	Designation	on	mstrution					post		rom m/yyyy)	To (dd/mm/yyyy)			
17.	Proficiency	in Lan	guages (P	leas	e Mark' 'in	the re	elev	rant cage)						
			V	Vrit	ten					Sı	oken			
	Language	Very Good	1 1 7000	Sa	tisfactory	Wee	k	Very Good	(Good	Satisfac	ctory	Week	
10	т1 11	/] [
18.	Leadership/	Mana	gement ex	peri	ience:									

19.	Extra-Curricular activities :
20.	Special Skills:
21.	Creativity (including patents):
22.	Are you under any obligatory National Service (If yes, specify):
23.	If selected, what is the earliest date that you can assume duties:
24.	Names of two persons (with addresses and contact numbers) to whom reference can be made:
25.	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars furnished by me in this application are found to be false or incorrect before appointment, I am disqualified. If inaccuracy is discovered after selection, I will be dismissed the appointment without any compensation and liable to pay the remuneration gained to the MOF. I am physically and mentally fit to work any part of the country and I assure that I have not been found convicted by a court or not found guilty by any internal disciplinary proceedings of any organization.
	Date: Signature

For Public Sector Candidates:
Application for the post of
Date:
Note:
If the sheets above are not sufficient, please use extra sheets, when & where necessary. Indicate the list of documents attached along with the application form. (a)