

PUBLIC SERVICE OF PAPUA NEW GUINEA

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN FULL IN BLOCK LETTERS USING BLACK OR BLUE INK OR IN  
TYPESCRIPT

RECENT PHOTOGRAPH

|   |   |                   |   |   |                                  |  |
|---|---|-------------------|---|---|----------------------------------|--|
| POSITIONS APPLIED FOR                             |   |                   |   |   | POSITION NUMBER                  |  |
| NAME: .....<br>Surname                            |   |                   |   |   | Given Names                      | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
| NAME AT BIRTH<br>(if different)                   |   |                   | ANY OTHER NAMES USED  |   |                                  |  |
| DATE OF BIRTH<br>/ /                              | PLACE OF BIRTH  | DISTRICT/CITY     | PROVINCE/STATE  | COUNTRY                                     |                                  |  |
| CITIZENSHIP                                       |   |                   | If naturalised Citizen, Nationality at birth:                           |   |                                  |  |
| MARITAL STATUS                                    | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> SINGLE |                   | <input type="checkbox"/> SEPARATED<br><input type="checkbox"/> DIVORCED |   | <input type="checkbox"/> WIDOWED |  |
| If married  | Date of Marriage<br>...../...../.....                               | Spouse's Employer |   | Spouse's File Number<br>(if Govt. employed) |                                  |  |
| HAVE YOU ANY CHILDREN? If yes, give details below |   |                   |   |   |                                  |  |
| NAME  |   | MALE/FEMALE       |   | DATE OF BIRTH                               |                                  |  |
| 1.....  |   |                   |   |   |                                  |  |
| 2.....  |   |                   |   |   |                                  |  |
| 3.....  |   |                   |   |   |                                  |  |
| 4.....  |   |                   |   |   |                                  |  |
| 5.....  |   |                   |   |   |                                  |  |
| 6.....  |   |                   |   |   |                                  |  |
| 7.....  |   |                   |   |   |                                  |  |
| PERMANENT ADDRESS                                 |   |                   |   |   | TELEPHONE No :                   |  |
| PRESENT ADDRESS (if Different)                    |   | until             | ...../...../.....   | TELEPHONE No :                              |                                  |  |

|  |                     |                   |
|--|---------------------|-------------------|
| PLACE OF RESIDENCE LAST FIVE YEARS (Other than vacation) | FULL POSTAL ADDRESS | DATES             |
|  | .....               | ...../...../..... |
|  | .....               | to .....          |
|  | .....               | ...../...../..... |
|  | .....               | to .....          |
| .....  | ...../...../.....   | ...../...../..... |

**SECONDARY EDUCATION**

|                     |             |                     |             |
|---------------------|-------------|---------------------|-------------|
| SCHOOL:             |             | SCHOOL:             |             |
| Name of Examination | Year Passed | Name of Examination | Year Passed |
|                     |             |                     |             |
| SUBJECT             | Result      | SUBJECT             | Result      |
| .....               | .....       | .....               | .....       |
| .....               | .....       | .....               | .....       |
| .....               | .....       | .....               | .....       |
| .....               | .....       | .....               | .....       |
| .....               | .....       | .....               | .....       |

**TERTIARY EDUCATION**

|                        |    |
|------------------------|----|
| UNIVERSITY, COLLEGE    |    |
| COURSE                 |    |
| DURATION               | TO |
| QUALIFICATION OBTAINED |    |

Give details of ALL branches of subject taken:

|         |  |         |  |
|---------|--|---------|--|
| SUBJECT |  | SUBJECT |  |
| YEAR 1  |  | YEAR 3  |  |
|         |  |         |  |
|         |  |         |  |
| YEAR 2  |  | YEAR 4  |  |
|         |  |         |  |
|         |  |         |  |

ADDITIONAL QUALIFICATIONS, FURTHER STUDY, RESEARCH

|  |  |
|--|--|
|  |  |
|  |  |

|   |  |
|---|--|
|   |  |
| PUBLICATIONS  |  |
|   |  |
| PRIZES, SCHOLARSHIPS, etc   |  |
|   |  |
| MEMBERSHIP OF LEARNED SOCIETIES OR INSTITUTES<br>(Give date of admission and level of membership) |  |
|   |  |
|   |  |

**EMPLOYMENT RECORD**

| PRESENT POSITION OR LATEST POSITION HELD                            |            | DESCRIPTION OF WORK, INCLUDING SUPERVISORY DUTIES |
|---|------------|---|
| Name and Address of Employer  |            | .....   |
| Title of Job  |            | .....   |
| Period  | / / to / / | .....   |
| Present Salary.....<br>If on Salary Range, please state range:..... |            | .....   |
| PREVIOUS POSITION HELD - in reversed consecutive order              |            |   |
| Name and Address of Employer  |            | .....   |
| Title of Job  |            | .....   |
| Period  | / / to / / | .....   |
| Name and Address of Employer  |            | .....   |
| Title of Job  |            | .....   |
| Period  | / / to / / | .....   |
| Name and Address of employer  |            | .....   |
| Title Of Job  |            | .....   |
| Period  | / / to / / | .....   |

|   |                                   |                |                                       |                         |
|---|-----------------------------------|----------------|---------------------------------------|-------------------------|
| Name and Address of Employer  |                                   |                |                                       | .....<br>.....<br>..... |
| Title of Job  |                                   |                |                                       | .....<br>.....          |
| Period  | / / to / /                        |                |                                       |                         |
| Name and Address of Employer  |                                   |                |                                       | .....<br>.....<br>..... |
| Title of Job  |                                   |                |                                       | .....<br>.....          |
| Period  | / / to / /                        |                |                                       |                         |
| CIVIC ACTIVITIES, CLUBS/ SOCIETIES  | .....<br>.....<br>.....           |                |                                       |                         |
| INTERESTS, SPORTS/ RECREATION   | .....<br>.....                    |                |                                       |                         |
| CLOSE RELATIVES   | FULL NAME (including maiden name) |                | DATE OF BIRTH                         | ADDRESS                 |
|   | FATHER                            |                |                                       |                         |
|   | MOTHER                            |                |                                       |                         |
|   | SPOUSE                            |                |                                       |                         |
| SERVICE IN THE ARMED FORCES   | BRANCH OF SERVICE : .....         |                |                                       |                         |
|   | RANK : .....                      |                | DATE OF ENLISTMENT: ...../...../..... |                         |
|   | DATE DISCHARGED: / /              |                | REASON:                               |                         |
| <p>Have you been convicted of an offence? If YES, give details.</p> <input type="checkbox"/> NO<br><input type="checkbox"/> YES   |                                   |                |                                       |                         |
| .....<br>.....  |                                   |                |                                       |                         |
| PREVIOUS APPLICATIONS FOR POSITIONS IN PAPUA NEW GUINEA   | Position                          | Authority      | Date                                  |                         |
|   | .....<br>.....                    | .....<br>..... | .....<br>.....                        |                         |
| <p>REFERENCES: Name four persons who can comment on your academic work or on your professional experience. Before nominating them you should have their permission to give their names. We will wish to approach referees before interview. If , however, an approach to any particular referee is inconvenient at present, please indicate:*</p> |                                   |                |                                       |                         |
| Name and Position   |                                   | Relevance      | Address                               | Tel. No.                |
| 1.  |                                   |                |                                       |                         |
| 2.  |                                   |                |                                       |                         |
| 3.  |                                   |                |                                       |                         |

|   |   |                                     |  |
|---|---|-------------------------------------|--|
|   |   |                                     |  |
| 4.  |   |                                     |  |
|   |   |                                     |  |
| If applying for an advertised vacancy, journal in which advertisement seen:   |   |                                     |  |
| <b>NOTE: THE DISCOVERY OF ANY INCORRECT OR MISLEADING STATEMENT OR DELIBERATE OMISSION COULD RENDER ANY EMPLOYMENT OR CONTRACTUAL AGREEMENT VOID WITHOUT COMPENSATION OR REPATRIATION</b> |   |                                     |  |
| SIGNATURE:  |   |                                     |  |
| <b>OFFICE USE ONLY</b>  | Notice.....weeks<br>M/C Sighted.....<br>Acc. Sit Exp..... | BC Sighted.....<br>N/C Sighted..... |  |