

## **GOVERNMENT OF SAINT VINCENT AND THE GRENADINES**

APPLICATION FOR EMPLOYMENT WITHIN THE PUBLIC SERVICE OF SAINT VINCENT AND THE GRENADINES

				·	
	РО	SITION DESIRE	D		
PERSONAL INFORMATION		200			
TITLE	MARI	TAL STATUS			
				* * * * * * * * * * * * * * * * * * *	
MR.		SINGLE	2 0 E 2 E 2		
MRS.		MARRIED	NIS NUMB	NIS NUMBER	
MS.		WIDOWED			
		DIVORCED			
NAME				e e	
SURNAME		FIRST NAME	MIDDLE NAME(S)		
DATE OF BIRTH					
DA	Y	MONTH	YEAR		
RESIDENTIAL ADDRESS					
POSTAL ADDRESS					
NATIONALITY					
EMAIL ADDRESS					
CONTACT NUMBERS					

HOME

CELL

WORK

NAME OF INSTITUTION FROM TO CERTIFICATION HIGH SCHOOL  COLLEGE  UNIVERSITY  OTHER ACADEMIC QUALIFICATIONS (Indicate qualifications and dates received.)  PERSONAL ACHIEVEMENTS (Indicate achievements which reflect personal qualities, potential and capabilities.)	EDUCATION (Attach clear cop	ies of qualifications – originals must be	produced upon re	equest.)	
COLLEGE  UNIVERSITY  OTHER ACADEMIC QUALIFICATIONS (Indicate qualifications and dates received.)  PERSONAL ACHIEVEMENTS		NAME OF INSTITUTION	FROM	ТО	CERTIFICATION
OTHER ACADEMIC QUALIFICATIONS (Indicate qualifications and dates received.)  PERSONAL ACHIEVEMENTS					
OTHER ACADEMIC QUALIFICATIONS (Indicate qualifications and dates received.)  PERSONAL ACHIEVEMENTS	COLLEGE				
(Indicate qualifications and dates received.)  PERSONAL ACHIEVEMENTS	UNIVERSITY				
					•
			potential and capa	abilities.)	

EMPLOYMENT (Employment history	from completion of education to pres	sent.)			
POST HELD	PLACE OF EMPLOYMENT	FROM	ТО	SALARY	
		9			
			œ.		
	e.c				
				/ *	
				Si e	
	1				
TYPE OF EMPL	OYMENT DESIRED				
	NE AND DENOIONADIE				
	NT AND PENSIONABLE				
CONTRAC					
TEMPORA	KY 				
private life The nam	The responsible persons who know your references of close relatives must not be given the close testimonials from your references.	n, nor those of al	hom should be a stinguished pers	acquainted with you in sons unless they know	
NAME:					
ADDRESS:					
OCCUPATION:					
PERIOD DURING	WHICH HE/SHE HAS KNOWN	YOU:			
CONTACT NUME	BER:				
NAME:					
ADDRESS:					
OCCUPATION:					
PERIOD DURING	G WHICH HE/SHE HAS KNOWN	YOU:			
CONTACT NUMI	BER:				

TESTIMONIALS (Submit only copies of testimonials; originals must not be submitted.)
NAME:
ADDRESS:
OCCUPATION:
CONTACT NUMBER:
NAME:
ADDRESS:
OCCUPATION:
CONTACT NUMBER:
applicant's photo here
SIGNATURE OF APPLICANT
DATE (DD/MM/YY)

## APPLICANTS ARE ASKED TO NOTE THE FOLLOWING:

Clear copy of birth certificate must be attached.

Applications are kept on file, so there is need for only one (1) submission.

Indicate all positions of interest in the space provided, beginning with the most preferred.

Only one (1) passport size photograph is required.

Qualifications obtained after applying should be brought to this office to be added to existing record.