

APPLICATION FORM

VACANCY DETAILS

If you are applying for more than one position, you will need a separate application for each position you are applying for

POSITION APPLIED FOR:

VACANCY REFERENCE:

PERSONAL IDENTIFICATION

FIRST NAME:	LAST NAME:
DATE OF BIRTH: / / (Day/Month/Year)	GENDER: Male Female
EMAIL ADDRESS:	PHONE CONTACT:
CURRENT RESIDENTIAL ADDRESS:	CURRENT POSTAL ADDRESS:

ELIGIBILITY REQUIREMENTS

REQUIREMENTS	SELECT RESPONSE
1. Are you under the age of 55?	Yes No
2. Are you a Fijian Citizen?	Yes No
3. Have you ever been charged with a criminal offence?	Yes No
4. Do you have any Police convictions or cases pending against you?	Yes No
5. Are you in a good health status and are able to undertake the requirements of the position?	Yes No

PROFESSIONAL QUALIFICATIONS

Please outline your qualification(s), from most recent

Applicants to complete details and attach full Curriculum Vitae and certified copies of Academic Certificates/Transcripts

INSTITUTION
QUALIFICATION (specify Major/Minor)
GPA
YEAR COMPLETED

Image: Complete details and attach full Curriculum Vitae and certified copies of Academic Certificates/Transcripts
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Applicants to complete this form, attach a cover letter addressing the Knowledge, Skills & Abilities (KESA) as specified in the Job Description, Curriculum Vitae and Certified copies of the certificates/transcripts

EMPLOYMENT HISTORY

**Please specify the most recent employer one first **				
EMPLOYER	POSITION TITLE	START DATE	END DATE	

PROFESSIONAL REFEREE

**Name and address of three (3) work referees. Referees MUST be able to provide detailed comments in regards to your professional

NAME	ORGANISATION	OCCUPATION	EMAIL ADDRESS/ PHONE CONTACT

DECLARATION

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

I have not been convicted of any criminal offences (do not count any infringement offences e.g parking or speeding offences)

I authorise the Office to make suitable enquiries to verify the information supplied above

I understand that a false declaration on this form will invalidate my application and may result in further legal action taken against me

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Signed:

Date: