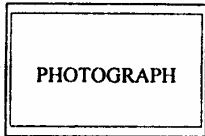


REPUBLIC OF



THE GAMBIA



**FORM 16B
THE GAMBIA**

PUBLIC SERVICE COMMISSION

APPLICATION FOR EMPLOYMENT IN CATEGORIES IV AND V (Grade 7 – 12)

Form to be filled in by the applicant in his/her own handwriting, and returned to the Secretary, Public Service Commission, The Quadrangle, Banjul, Tel: 227324

Failure to comply with the written instructions on the form may seriously delay the consideration of the application.

PLEASE WRITE CLEARLY IN BLACK/BLUE INK

1. Name in full

Surname: **Mr/Mrs/Miss**..... Other names:

Nationality:

2. Date of birth:
(Day,Month,Year)

(photocopy of the birth certificate must be provided)

Place of birth:

Permanent address:.....

Address for correspondence:.....

.....

Telephone No:

3. Position applied for

(a).....

Other positions interested in

(b).....

4. Marital Status(Please tick as appropriate)

Single Married Widowed Divorced Separated

Wife's maiden name:

Number of children

Sons:

Aged respectively:

Daughters: Aged respectively:

5. Father's name:

Father's profession or occupation:

Father's nationality and place of birth:
(If dead, the above question should be answered anyway)

Father's address:

6. Mother's name:

Mother's profession or occupation:.....

* Mother's nationality and place of birth:
(If dead, the above question should be answered anyway)

Mother's address:.....

7. List any local or foreign languages of which you possess special knowledge other than English

8. Education (A complete record of your education is required) Please attach relevant copies of certificates

8(a) Secondary Qualifications

No.	Name(s) of School	Period		Exams Passed	Grade/Level
		From dd/mm/yyyy	To dd/mm/yyyy		
1			
2			
3			
4			

8(b) Tertiary Qualifications

No.	University/College/ Institution	Period		Degree/Dip Certificate Awarded	Level/ Class	Major subject(s)
		From dd/mm/yyyy	To dd/mm/yyyy			
1				
2				
3				
4				

8(c) Professional Qualifications

No.	Institution Attended	Cert/Diploma awarded	Duration (months)	Year of completion	Area of Specialisation (if any)
1					
2					
3					
4					

8(d) Professional Association or Institution (please indicate it below).

No.	Institution/Association	Date of Joining dd/mm/yyyy	Professional Qualification
1		.../.../...	
2		.../.../...	
3		.../.../...	
4		.../.../...	

Any further particulars relevant to this application. (Include any school or University distinctions, positions of responsibility held and general social interest).

10. Civil or military employment up to present time.

Specify the names of employers, dates and reasons for leaving.

If applicant is in government service, application must be sent through head of department/department of state, (see section 16).

11. **Personal References.**

1. Name.....	2. Name.....
Address:.....	Address:.....
.....
Occupation:	Occupation:.....
Period during which he/she has known you	Period during which he/she has known you

12. Testimonials (please read carefully)

- a) The Public Service Commission will not be able to consider a candidate unless, as far as possible, every stage of his/her career (including his/her education is covered). You should, therefore, either submit testimonials with your application or arrange for testimonials to be sent to the Public Service Commission.
- b) The testimonials which you submit should be sent in together unless undue delay would result. A photocopy of each should be enclosed. When called for an interview, originals must be brought along.
- c) Whether you or the writer of your testimonial prefer, that it be sent directly to the Public Service Commission you should state so and the period the testimonials will cover. The contents of reports or testimonials received by the Secretary of the Public Service Commission will be held in confidence.
- d) **State in the space below the name, and occupation of the writer of each of your testimonials, the period of your career for which he will cover and the capacity in which he speaks.**

Name Address.....
Occupation..... Period covered.....
In his/her capacity as

13. Mention here any other applications for employment under any other government department which you have made previously or are currently making.

14. How soon will you be available:.....

15. I declare that the information I have given is true and complete to the best of my knowledge.

Signature of applicant: Date:.....

16. To be completed by head of department if applicant is currently in Civil service.

Comments

Signature: Name (in capitals):.....

Department/Department of State:Position:

Date: