

**AGRICULTURAL MARKETING BOARD**  
Leclézio Avenue, Moka  
Mauritius



**APPLICATION FORM**

Any information given on this form will be regarded as strictly confidential. Applicants should fill in the form fully and accurately. Incomplete or inaccurate filling will entail disqualification of the applicant. Besides, if at any time it is found that a selected candidate has concealed any information, either fully or partially, his/her appointment will be automatically terminated.

Photocopies of **educational certificates, birth certificate, National Identity Card, testimonials, curriculum vitae and other relevant supporting documents must** be annexed to the Application Form.

Originals should, however, be produced as soon as requested by this office.

The prescribed Application Form should be completed in applicant's own handwriting and be forwarded to the **Human Resource Management Officer, Agricultural Marketing Board, Leclézio Avenue, Moka**. Envelopes should be clearly marked on the top left-hand corner for the post applied, so as to reach this office by **Wednesday 07 March 2018 by 14:00 hours at latest**. The submission of this form does not in any way obligate this office to reply to the applicant or to fill the vacancy.

**POST APPLIED FOR** : \_\_\_\_\_

Date of advertisement : \_\_\_\_\_

**PERSONAL**

Surname : \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(if applicable)

Other Names : \_\_\_\_\_ ID No : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_

Country of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Nationality : \_\_\_\_\_

Full Residential : \_\_\_\_\_

Telephone Number(s) : \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



**SECONDARY EDUCATION**

Secondary School(s) attended	Years From – To	Certificate (s) Obtained	Detailed Results <i>(specify Subjects and Grades)</i>

**TERTIARY EDUCATION** *(Academic, Professional or Technical)*

Name of Institution(s)	Years <i>(From – To)</i>	Details of Course <i>(subjects studied, dissertation, training, etc....)</i>	Certificate(s) Obtained	Examining Institution(s)

LANGUAGE (S) *(specify if spoken, written or both)*

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**AGRICULTURAL MARKETING BOARD**



**EXPERIENCE**

<b>PREVIOUS EMPLOYER</b> <i>(In chronological order)</i>	<b>POST(S) HELD</b>	<b>DATE</b> <i>(From – To)</i>	<b>REASON(S) FOR LEAVING</b>

*(Attach supplement list, if necessary)*

<b>PRESENT EMPLOYER</b>	<b>POST HELD</b>	<b>DATE</b> <i>(From – Till date)</i>	<b>PRESENT SALARY / OTHER BENEFITS</b>

Have you ever been dismissed or subject to disciplinary proceedings? **Yes / No**  
 If yes, please give details and attach statement, if necessary.

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 .....

Have you ever been subject to criminal proceedings? **Yes / No**  
 If yes, please give details and attach statement, if necessary.

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 .....

If offered appointment, when can you report for work?

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I declare that the particulars given by me in this Application Form are true and that I have not willfully suppressed any material fact.

**DATE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_