

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, failing which, your application will be discarded.

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 **Assistant General Manager, 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 **Monday 16 September 2019 by 16:00 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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EXPERIENCE

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

(Attach supplement list, if necessary)

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

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. I also hereby give my consent to the AMB to use my personal details for this recruitment exercise.

DATE: _____

SIGNATURE OF APPLICANT: _____