APPLICATION FORM FOR THE POST OF ENVIRONMENTAL LABORATORY AUXILIARY AT THE MINISTRY OF ENVIRONMENT, SOLID WASTE MANAGEMENT AND CLIMATE CHANGE

(ENVIRONMENT AND CLIMATE CHANGE DIVISION)

PART A (To be filled in by the Applicant)

1.	Title:	Mr		Mr (Please t	rs □ tick as app	Miss propriate)			Ms	
2.	Marital Stat	us:	Marri] tick as app	Single propriate)		Other:		
3.	Surname:				k letters)					
4.	Other Name	es:			k letters)		•••••			
5.	Date of Birt	h:								
6.	National Id	entity	No.							
7.	Full Resider (in block let		Address							
8.	Phone No:	C	Office:		Hom	e:	· · · · · · · · · · · · · · · · · · ·	. Mol	bile:	
9.	Present Pos (Whether to									
10.	Date of Pre	sent /	Appoin	tment:						
11.	Posting: (i)		Prese	ent Minist	ry/Departr	ment:				
	(ii))	Place	of work:						
12.	Date joined	l servi	ice:							
13.	Date of 1st	Appoi	intmen	t:						
14.	Date transfe	erred	to Per	manent a	and Pensic	onable Esta	ablishn	nent:		
15.	Present sala	ary pe	er mon	th (Basic): Rs					
16.	Previous En	nploy	ment i	n the Gov	vernment :	Service				
	Post held	t	Temp	orary/Sub	ostantive	Ministry	/Depa	rtment	D	ate of Appointment

cambinage sensor	Certificate	General Certificate	of Education	
Year		(Ordinary Level) Year		
Subjects	Grade	Subjects	Grade	
xperience relevant t	o the post applied fo	or (<i>attach documentary e</i>		
xperience relevant t		or (<i>attach documentary e</i>	vidence of experience claimed	
		or (<i>attach documentary e</i>		
		or (<i>attach documentary e</i>		
		or (<i>attach documentary e</i>	claimed	
lave you been the su			claimed	
lave you been the su	ubject of an investiga		claimed	
lave you been the su es No Please tick as approp	ubject of an investiga	ation/enquiry for any offe	claimed	
lave you been the su	ubject of an investiga	ation/enquiry for any offe	claimed	

17. Qualifications (please attach photocopies of certificates):

20.	found guilty during the last 10 years?
	Yes No
	(Please tick as appropriate)
	If Yes, give details (court, charge, date of judgement and sentence – eg. Imprisonment, fine, caution or conditional discharge):
21.	Have you ever resigned or retired or been dismissed from the Public Service on any grounds whatsoever?
	Yes No
	(Please tick as appropriate)
	If Yes, give details
	DECLARATION
Appli	icant, declare that the particulars in this application are true and accurate and that I have vilfully suppressed any material fact.
Date	: Signature of Applicant

PART B (To be filled by Head of Division/Section/Unit of Ministry/Department concerned)

	Report on applicant							
	Work:							
	Conduct:							
	Attendance:							
(ii)	Comments, if any, on experience claim	med and other remarks:						
		Signature:						
Date	·	Name:						
		Grade:						
		ion of Ministry/Department where applicant is posted)						
(i)	Has applicant been subject to any disc prosecution before a court of law for a	ciplinary action during the last 10 years or subject to any any offence? Yes/No						
	If yes, please give details							
	if yes, please give details							
(ii)		orized absences without pay taken by applicant.						
(ii)								
(ii)	Statement of sick leave and unauth	norized absences without pay taken by applicant. Record of unauthorized absence						
(ii)	Statement of sick leave and unauth Record of Sick Leave:	Record of unauthorized absence 2019:						
(ii)	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020:	Record of unauthorized absence 2019: 2020:						
(ii)	Statement of sick leave and unauth Record of Sick Leave: 2019:	Record of unauthorized absence 2019: 2020: 2021:						
(iii)	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021:	Record of unauthorized absence 2019: 2020: 2021:						
	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021:	Record of unauthorized absence 2019: 2020: 2021:						
	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021:	Record of unauthorized absence 2019: 2020: 2021: 2022: 2022:						
	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021:	Record of unauthorized absence 2019: 2020: 2021:						
	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021: 2022: I certify that the particulars given in p	Record of unauthorized absence 2019: 2020: 2021: 2022: 2022:						
	Statement of sick leave and unauth Record of Sick Leave: 2019: 2020: 2021: 2022: I certify that the particulars given in p	Record of unauthorized absence 2019: 2020: 2021: 2022: Dart A, B and C have been verified and found correct, excep						