**MINISTRY OF GENDER EQUALITY AND FAMILY WELFARE**

**APPLICATION FOR THE POST OF DRIVER IN THE MINISTRY OF   
GENDER EQUALITY AND FAMILY WELFARE**

**PART A: To be filled in by APPLICANT**

1. Title : Mr Mrs Miss

*(please tick as appropriate)*

1. Marital Status : Married Single Other :…………………………………………………..

*(please tick as appropriate)*

1. Surname : ………………………………………………………………………

*(In block Letters)*

1. Other Names : ………………………………………………………………………
2. Maiden Name *(if applicable):* ………………………………………………………………………
3. Date of Birth : ………………………………………………………………………
4. National Identity Card No. : ……………………………………………………………...
5. Sex (Please Tick) : Male Female
6. Tel (Office : ……………………………… Tel (Mobile): …………………….
7. Full Residential Address (*in block letters*) : …………………………………………….

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

1. Date joined service : ……………………………………………………………
2. Post/Capacity when employed : …………………………………………………………..
3. Date of First Appointment : …………………………………………………………...
4. Date transferred on PPE : …………………………………………………………...
5. Present Appointment : ……………………………………………………………
6. Date of Present Appointment : …………………………………………………………...
7. Posting: (i) Present Ministry/Department: …………………………………………………………...

(ii) Place of Work: …………………………………………………………..

1. Previous appointment/s held in the Public Service and in what grade/capacity

|  |  |  |  |
| --- | --- | --- | --- |
| **Post** | **From** | **To** | **Ministry/Department** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Educational Qualifications. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...
2. Experience relevant to the post applied for *(Attach documentary evidence of experience claimed)*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Have you ever been subject to disciplinary action? *Please tick as appropriate*.

Yes No

*If yes, indicate nature of offence and date of outcome.*

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**DECLARATION**

I, …………………………………………………………………………………………………., the undersigned applicant, declare that the particulars are true and correct.

Date: ……………………………… Signature of Applicant ………………………………..

**Part B: To be filled by Human Resources Section of the Ministry/Department where Applicant is posted**

1. Statement of sick leave and unauthorized leave

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Sick leave** | **Leave without pay** | **Unauthorized absences** |
| 2019 |  |  |  |
| 2020 |  |  |  |
| 2021 |  |  |  |
| 2022 |  |  |  |

1. **Report on Applicant:**

**Conduct:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Work:** ……………………………………………………………………………………………………………………..………………………….………………………………………………………………………………………………………………………………………………...

**Attendance:** …………………………………………………………………………………………………………………………..

**…**……………………………………………………………………………………………………………………………………………..

1. Whether officer has been subject to disciplinary action for the past ten years (If yes, please specify)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..........

1. Comments, (if any), on experience claimed and any other remarks.

…………………………………………………………………………………………………………………………………………………

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1. I certify that the particulars given in PART A and B(i), (ii) and (iii) have been verified and found correct, except:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………..

Name (in full) : ……………………………………… **Seal of Ministry/Department**

Designation: …………………………………………..

Contact No.: …………………………………………..

Date : ……………………………………………