## THE GAMBIA POSTAL



## SERVICES CORPORATION

## **APPLICATION FOR EMPLOYMENT FORM**

- 1. Applicants are urged to answer all the questions accurately and honestly. Failure to answer certain questions may deter one from being considered.
- (a) All application forms should be sent to: The Managing Director, Gampost House, 3Liberation Avenue, Banjul.
- (b) A separate form must be submitted for each applied post.
- 2. Copies of original certificates / testimonials should be enclosed.
- (a) Date of Application: .....
- (b) Vacancy / post being applied for: .....

## 3. PERSONAL PARTICULARS OF APPLICANT

(c)

(a) NAME IN FULL .....

(In capital letters)

(b) If you are a married woman, give full name before marriage.

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Correspondence address:

- (d) Place of domicile / permanent home (If different from the above):.....
  - Region / District: .....
- (e) Telephone/Mobile number: .....
- 4. Age: ..... Date of Birth: ..... Place of Birth: .....
- 5. Marital Status:  $\Box$  single,  $\Box$  married,  $\Box$  widower,  $\Box$  widow

|     | (Tick the appropriate box)<br>Page 1  |  |  |  |  |
|-----|---|--|--|--|--|
| 6.  | EMPLOYMENT PROFILE  |  |  |  |  |
| (a) | Give a brief history of your job experiences:   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
| (b) | Make a list of your previous employer(s) and date(s):   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
| (b) | Give the telephone number(s) of your present or previous employer:  |  |  |  |  |
|     |   |  |  |  |  |
| (c) | Present position if employed:   |  |  |  |  |
|     |   |  |  |  |  |
| (d) | Reasons for leaving your present or previous job:   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
| (e) | Give particulars of any qualification(s) or skills you possess which are relevant to the post you to are applying for. <b>Please attach your credentials to this form</b> . |  |  |  |  |
|     | Name of Academic institution No. of years Certificate/Diploma/Degree  |  |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |

| Page 2 Do you suffer from any physical impairment? If so give details:             |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
| Do you have a functional illness, if so what is it and how often do you experience |  |  |  |  |
| it:  |  |  |  |  |
| What languages do you speak?   |  |  |  |  |
|  |  |  |  |  |
| If employed, will you be willing to relocate?  ☐ Yes  ☐ No If no give reasons:     |  |  |  |  |
|  |  |  |  |  |
| Give full names and addresses of your two referees.                                |  |  |  |  |
| (1) (2)  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| CRIMINAL RECORD  |  |  |  |  |
| Have you ever been convicted on a criminal charge?                                 |  |  |  |  |
| What was the crime you were convicted for?   |  |  |  |  |
| What was the arima you ware convicted for?   |  |  |  |  |
|  |  |  |  |  |

.....

|        |   | Pag      | e 3  |  |  |  |
|--------|---|----------|--|--|--|--|
| (c)    | Date and place of co  | nviction |  |  |  |  |
| (d)    | Sentence imposed  |          |  |  |  |  |
| NOTE   | necessarily debar hir   | 0        | she has been convicted of an offence<br>nt. Each case will be considered<br>tances of the offence. |  |  |  |
| 13.    | 3. I certify that the information given abo<br>correct to the best of my knowledge. |          |  |  |  |  |
|        | Date  | Month    |  |  |  |  |
| Signat | ure:  |          |  |  |  |  |
| FOR    | OFFICIAL USE:   |          |  |  |  |  |
| Ref. N | o.:   |          |  |  |  |  |
| Date:  |   |          |  |  |  |  |

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