



**Passport
Size
Photo**

APPLICATION FORM

NOTES FOR APPLICANT

- A. Carefully read the notes and instructions before filling this form.
- B. Kindly use a separate application form for each post
- C. In completing this form, it is important that you provide all information as requested. The information provided should be as detailed and accurate as possible. Failure to do so can result in disqualification for appointment.
- D. If any of the particulars you give cannot be entered in the space provided, please continue on a separate A4 sheet
- E. If any of the section is not applicable, please indicate in writing 'N.A.' in that section.
- F. You are advised to make a photocopy of the completed form for your own reference.
- G. Part of the information provided may be used for the purpose of integrity checking and may be divulged to law enforcement agencies and departments concerned with security, prevention and detection of crime.
- H. Particulars in respect of the posts are contained in the job description.

A. PERSONAL DETAILS

1. Post Applied for:

2. Family Name:	First Name:	Title (Mr/Mrs/Ms/Miss/Dr)
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3. Residential Address:

4. National Identity Card No.	5. Nationality (ies) :	6. Passport No:
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7. Residential Telephone No. Mobile No.	8. Office Telephone No. Office Fax No.
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9. Particulars of Spouse

Name	Maiden name, if applicable	Occupation	National Identity Card No.
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10. Particulars of Parents or Step Parents

Name	Date of Birth	Occupation	Address	Phone No.

11. What is your preferred field of work?

KNOWLEDGE OF LANGUAGES	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily
1.								
2.								
3.								

12. A. Are you computer literate? YES ☐ NO ☐

B. Do you have any qualification in Information Technology? YES ☐ NO ☐ If 'Yes' provide particulars:

B. EDUCATIONAL / PROFESSIONAL DETAILS

1. Post Degree Qualifications/ Professional Qualifications/ Degrees/ Diplomas , Give full details - N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. INSTITUTION

NAME AND COUNTRY	ATTENDED FROM/TO		QUALIFICATIONS	MAIN COURSE OF STUDY
	Month/Year	Month/Year		

B. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. *Typing and shorthand, Technician Certificates*)

NAME AND COUNTRY	ATTENDED FROM/TO		QUALIFICATIONS	MAIN COURSE OF STUDY
	Month/Year	Month/Year		

[illegible]

(i) ORDINARY LEVEL

State whether Cambridge S.C. or Cambridge G.C.E				London General Certificate of Education (Ordinary Level)			
Month/Year		Exam Centre No.		Index No.			
SUBJECT				GRADE			
Result				Aggregate			

(ii) ADVANCED LEVEL

State whether Cambridge H.S.C. or Cambridge G.C.E			London General Certificate of Education (Advanced Level)		
Month/Year	Exam Centre No.	Index No.	Month/Year	Exam Centre No.	Index No.
PRINCIPAL SUBJECT		GRADE	ADVANCED LEVEL		GRADE
SUBSIDIARY SUBJECT		GRADE	ORDINARY LEVEL		GRADE
General Paper					
Result					

D. PRIMARY LEVEL - Certificate of Primary Education Examination Year :					
SUBJECT	English	French	Mathematics	Geography/EVS	Oriental Language:.....
GRADE					
EMPLOYMENT RECORD: Use a seperate block for each post. If you need more space, attach additional pages of the same size. Give basic monthly salary of present post.					
C. EMPLOYMENT HISTORY					
1. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)					
FROM	TO	BASIC MONTHLY SALARY	EXACT TITLE OF YOUR POST		
MONTH/YEAR	MONTH/YEAR				
NAME OF EMPLOYER:			TYPE OF BUSINESS		
ADDRESS OF EMPLOYER:			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		
			REASON FOR LEAVING		
DESCRIPTION OF YOUR DUTIES:					
2. PREVIOUS POSTS					
FROM	TO	EXACT TITLE OF YOUR POST			
MONTH/YEAR	MONTH/YEAR				
NAME OF EMPLOYER:			TYPE OF BUSINESS		
ADDRESS OF EMPLOYER:			NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:		
			REASON FOR LEAVING		
DESCRIPTION OF YOUR DUTIES:					

FROM	TO	EXACT TITLE OF YOUR POST	
MONTH/YEAR	MONTH/YEAR		
NAME OF EMPLOYER:		TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	
		REASON FOR LEAVING	
DESCRIPTION OF YOUR DUTIES:			

FROM	TO	EXACT TITLE OF YOUR POST	
MONTH/YEAR	MONTH/YEAR		
NAME OF EMPLOYER:		TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:		NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:	
		REASON FOR LEAVING	
DESCRIPTION OF YOUR DUTIES:			

D. OTHER DETAILS			
1. Have you any objection to MSCL making inquiries from your past /present employers? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. REFERENCES: List three persons, not related to you and not current MSCL staff members, who are familiar with your work, behaviour and performance. NOTE: <i>Referees will not be approached unless you are selected for an offer.</i>			
FULL NAME	ADDRESS	TELEPHONE NO.	BUSINESS OR OCCUPATION
3. A Have you ever been arrested, charged, or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law in Mauritius or abroad? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.			
B Have you ever been subject to any disciplinary action or proceeding? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.			
C Have you ever been interdicted from the discharge of your functions? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.			
4. REPLY TO THE FOLLOWING QUESTIONS			YES
A. Have you ever been convicted of or charged with a criminal offence in Mauritius ?			NO
B. Have you ever been suspended from work?			
C. Have you ever been refused a reference?			
D. Have you ever taken any prohibited drugs?			
E. Do you practise any sport?			
F. Do you take alcoholic drinks on a regular basis?			
5. Do you have any interest or hobby? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes", specify			
6. State the reasons why you want to join the MSCL.			
7. A. I certify that the information contained above is correct, and complete to the best of my knowledge and belief. In completing this form, I understand that if I wilfully give false information or withhold any material information it will render me liable to disqualification for appointment to the service of the Mauritius Shipping Corporation Ltd or to disciplinary action which may include dismissal, if already in service of MSCL.			
DATE _____		SIGNATURE: _____	
Note: ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL			