<u>Application for Post of Heavy Vehicle/Mechanical Driver in the Ministry of Industry,</u> <u>Commerce and Consumer Protection (Commerce Division)</u>

PART A: To be filled by Applicant

Date:

1.	Surname (in block letters):							
2.	Other Names (in block letters):							
3.	Date of Birth:Age:							
4.	National Identity No:							
5.	Sex (please tick):							
		Male	Female					
6.	Tel (Office):	Residence:	Mo	obile:				
7.	Residential Address (in block letters):							
8.	Date joined service:							
9.	Post/Capacity when joined service:							
10.	. Date of first appointment/employment:							
11.	. Date transferred to PPE:							
12.	. Present Post Held (temporary/substantive):							
13.	3. Date of appointment to present post:							
14.	Posting: (i) Present Minis	try/Department:						
	(ii) Place of Wor	·k:						
15.	Certificates							
(i)]	Educational Qualifications	(please enclose phe	otocopies of certific	ates)				
	CPE SC	HSC [Others]				
(ii)	Driving Licence [please 6	enclose copy of a va	alid Goods Vehicle I	Oriving Licence (manual gear)]				
16.	16. Experience relevant to the post applied for (please attach documentary evidence)							
17.	Have you ever been subje	ect to disciplinary ac	ction? Please tick as	appropriate,				
	Yes		No					
If y	res, indicate nature of offer	nce and date of outc	come:					
18.	Previous appointment hele	d in the Governmen	nt Service and what g	grade/capacity:				
	Post	From	То	Ministry/Department				

Signature of Applicant

PART B: To be filled by Ministry/Department concerned

1. Statement of sick leave and unauthorized absences taken by applicant

Year	No. of days of sick leave	No. of days of unauthorized absences
2015		
2016		
2017		
2018 (to date)		

2.	Re	Report on applicant:						
	(i)	Work:						
	(ii)	Conduct:						
	(iii)	Attendance:						
3.	Does th	Does the applicant reckon experience in the duties of Driver? Yes/No.						
	If yes, please give details with dates, e.g. period performed, etc.							
4.	Does the applicant have a basic knowledge of mechanics and simple vehicle maintenance? (please submit documentary evidence, if any)							
5.	Has ap		last five years? Yes/No.					
	If yes, please give details.							
6.	I certify that the particulars under Sections A and B have been verified and found correct, except:							
•••			1	Signature:				
		Stamp of		Signature.				
	Ministry/Department		Name:(in full and block letters)					
				Post Held:				
			1	Phone No:				
				Date				