

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

PART A: To be filled by Applicant

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:Mobile:
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. Date of appointment to present post:
14. Posting: (i) Present Ministry/Department:
(ii) Place of Work:
15. Educational Qualifications (please enclose photocopies of certificates and a copy of a valid driving licence to drive heavy vehicles, cars and vans)
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16. Experience relevant to the post applied for (please attach documentary evidence)
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17. Have you ever been subject to disciplinary action? Please tick as appropriate,

Yes No

If yes, indicate nature of offence and date of outcome:
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18. Previous appointment held in the Government Service and what grade/capacity:

Appointment	From	To	Ministry/Department

Date:

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
2014		
2015		
2016		
2017 (to date)		

2. Report on applicant:

- (i) Work:
- (ii) Conduct:
- (iii) Attendance:

3. Does the applicant reckon experience in the duties of Driver? Yes/No.

If yes, please give details with dates, e.g. period performed, etc.

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4. Does the applicant have a basic knowledge of mechanics and simple vehicle maintenance? (please submit documentary evidence, if any)

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5. Has applicant been subject to disciplinary action during the last five years? Yes/No.

If yes, please give details.

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6. I certify that the particulars under Sections A and B have been verified and found correct, except:

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Stamp of Ministry/Department

Signature:

Name:
(in full and block letters)

Post Held:

Phone No:

Date: