



MINISTRY OF LOCAL GOVERNMENT

APPLICATION FORM

Position applied for:

Vacancy or Reference #:

Title:	<input type="text"/>		Surname/Family Name:	<input type="text"/>	
Given names:	<input type="text"/>				
Date of Birth:	<input type="text"/>				
Postal Address	<input type="text"/>				
Residential Address: (if different from postal address)	<input type="text"/>				
Email:	<input type="text"/>				
Home phone:	<input type="text"/>		Mobile:	<input type="text"/>	
Are you a Fijian Citizen?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
GENDER information is gathered for statistical purposes only and not for assessment purpose.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
REFEREE DETAILS					
Name:			Phone:		
Position:			Email:		
Organisation:			Relationship:		
Name:			Phone:		
Position:			Email:		
Organisation:			Relationship:		
Name:			Phone:		
Position:			Email:		
Organisation:			Relationship:		

Please ensure you attach your current Curriculum Vitae and covering letter explaining your suitability for the position

I certify the above details are true and correct and that I am a genuine applicant for the identified position.

Signature:

Date:



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DECLARATION

I _____
(Full name: first or given names and family or surname)

of _____
(Full residential address)

Being an applicant for the position of _____ declare that:

- I have not been convicted of any criminal offences (*for these purposes do not count any infringement offences, e.g., parking or speeding offences, as they do not result in a conviction being entered against you*).

I acknowledge that if appointed, I will have to provide a recent police clearance before taking up duty.

- I have not been the subject of any disciplinary action by any employer or professional body in Fiji or overseas, nor are there any unresolved complaints against me

OR

Details of disciplinary action or unresolved complaints against me are as follows

- I have not been made bankrupt, entered into a composition with my creditors, or been disqualified as a director.
- I know of no other matter which might affect my credibility in office.
- I understand and consent to my application form, my curriculum vitae and any other material supplied being held by the Ministry of Local Government.
- I authorise the Fijian Government to make suitable enquiries to verify the information supplied in my application.
- I understand that a false declaration on this form will invalidate my application and may result in further legal action being taken against me.

Signature of Applicant: _____

Date: _____