



Application Form

Ref: CS-AF

Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions. Use (□) for any dialog boxes.

- 1. POST APPLIED FOR:
- 2. DATE OF ADVERTISEMENT:
- 3. PERSONAL HISTORY

Family Name:
First Names:
Maiden Name (if applicable):
Date of birth:
Place of birth:
Nationality at birth:
Present Nationality:
Gender: MALE
Permanent address:
Present address:
Office phone number:
Office fax number:
Residence phone number:
E-mail address:

4. Do you have any dependent children?

Yes No

If your answer is "yes", give the following information:
(Note: You are allowed to input data up for a maximum of 4 dependent children)

Name of children	Date of birth (day/month/year)	Place of birth	Nationality	Gender

Issue/Revision No.	01/00	Prepared by		Page 1 of 7
Date	26-Mar-03	Approved by		

	<h1>Application Form</h1>	<h2>Ref: CS-AF</h2>
---	---------------------------	---------------------

5. QUALIFICATIONS:

EDUCATION, Give full details- N.B Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. UNIVERSITY OR EQUIVALENT			
Name, Place and Country	Attended from/to Month/ Year	Post Degrees, Degrees and academic ; Distinctions Obtained	Main course of study

B. SCHOOLS OR OTHER FORMAL TRAINING		
Name, Place and Country	Attended from/to Month/ Year	Certificates Obtained

6. List any significant publications or papers you have written and which might be of relevance to the post being applied for.

7. EMPLOYMENT RECORD

Please fill in details of your employment record below in chronological order, starting with your current or latest position first. Use a separate block for each post.

Issue/Revision No.	01/00	Prepared by		Page 2 of 7
Date	26-Mar-03	Approved by		

	<h1>Application Form</h1>	<h2>Ref: CS-AF</h2>
---	---------------------------	---------------------

A. Present Post (Last Post, if not presently in employment)

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year
Address Of Employer :			
Type Of Organisation			
No. Of Superiors To Whom You Report :			
No. And Categories Of Employees Supervised By You :			
Description Of Duties :			
Any Job Problems:			
How You Are Handling Them:			

Issue/Revision No.	01/00	Prepared by		Page 3 of 7
Date	26-Mar-03	Approved by		



Application Form

Ref: CS-AF

B. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year
Address Of Employer :			
Type Of Organisation :		Name Of Supervisor :	
No And Kind Of Employees Supervised By You :			
Salary Obtained :			
Reason Of Leaving :			
Description Of Duties :			

C. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year
Address Of Employer :			
Type Of Organisation:		Name Of Supervisor	
No And Kind Of Employees Supervised By You :			
Reason Of Leaving :			
Description Of Duties :			

D. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year
Address Of Employer :			
Type of Organisation:		Name Of Supervisor	

Issue/Revision No.	01/00	Prepared by		Page 4 of 7
Date	26-Mar-03	Approved by		



Application Form

Ref: CS-AF

No And Kind Of Employees Supervised By You :

Reason Of Leaving :

Description Of Duties :

E. Previous Post

Exact Title Of Post	Name Of Employer	From Month/Year	To Month/Year
Address Of Employer :			
Type Of Organisation:		Name Of Supervisor	
No And Kind Of Employees Supervised By You :			
Reason Of Leaving :			
Description Of Duties :			

8. COMPUTER LITERACY

Word	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Excel	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average
E-mail	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average
PowerPoint	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average

9. LANGUAGE SKILLS

ENGLISH			
Spoken	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Read	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Written	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
FRENCH			
Spoken	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Read	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Written	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic

Issue/Revision No.	01/00	Prepared by		Page 5 of 7
Date	26-Mar-03	Approved by		



Application Form

Ref: CS-AF

ARABIC			
Spoken	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Read	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic
Written	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic

Proficiency in other languages: Yes No

Please specify language(s):

Please specify level of Proficiency:

10. When you look over your career, of the organisations you have so far worked for, which did you enjoy the most and why?
11. What are your major skills and behavioural characteristics that can be assets to the post you have applied for?
12. What are your expectations from the post you have applied for?

Issue/Revision No.	01/00	Prepared by		Page 6 of 7
Date	26-Mar-03	Approved by		

	<h1>Application Form</h1>	<h2>Ref: CS-AF</h2>
---	---------------------------	---------------------

REFEREES

List the name of the three persons, not related to you and are not under current COMESA staff members, who are familiar with your character and qualifications

FULL NAME	FULL ADDRESS	BUSINESS OCCUPATION	PHONE NUMBER

13. Any other comment you would like to add:

14. I, _____ certify that the statements made by me to answer the foregoing questions are true and complete to the best of my belief. I understand that any misrepresentation or material omission made on this form may render my application to termination.

Date: _____

Signature: _____

Issue/Revision No.	01/00	Prepared by		Page 7 of 7
Date	26-Mar-03	Approved by		