

|   |                           |                     |
|---|---------------------------|---------------------|
|  | <h1>Application Form</h1> | <h2>Ref: CS-AF</h2> |
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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:         |
| Sex:                         |
| 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<br>(day/month/year) | Place of birth | Nationality | Gender |
|------------------|-----------------------------------|----------------|-------------|--------|
|                  |                                   |                |             |        |
|                  |                                   |                |             |        |
|                  |                                   |                |             |        |

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**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.**

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**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.

**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:                          |                  |                 |               |

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**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 :                      |                  |                    |               |
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**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 |                 |               |
| No And Kind Of Employees Supervised By You : |                    |                 |               |
| Reason Of Leaving :                          |                    |                 |               |
| Description Of Duties :                      |                    |                 |               |

**8. COMPUTER LITERACY**

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

**9. LANGUAGE SKILLS**

|                |                                    |                               |                                |
|----------------|------------------------------------|-------------------------------|--------------------------------|
| <b>ENGLISH</b> |                                    |                               |                                |
| 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 |
| <b>FRENCH</b>  |                                    |                               |                                |
| 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: \_\_\_\_\_

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# Application Form

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**10. When you look over your career, of the organisations you have so far worked for, which did you enjoy the most and why?**

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.....

.....

.....

**11. What are your major skills and behavioural characteristics that can be assets to the post you have applied for?**

.....

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.....

**12. What have you achieved in your career that demonstrates your mastery of these skills?**

.....

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.....

**13. What are your expectations from the post you have applied for?**

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**14. 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 |
|-----------|--------------|---------------------|--------------|
|           |              |                     |              |
|           |              |                     |              |
|           |              |                     |              |

**15. Any other comment you would like to add:**

.....

.....

.....

.....

.....

.....

**16. I, Mr/Mrs ..... 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: \_\_\_\_\_

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