

## **MINISTRY OF INFORMATION**

## **APPLICATION FORM**

Position Applied For:		Vacancy or Reference Number:			
Title: Surr	name/Family Name:	•			
Given Names:					
Date of Birth:					
Postal Address:					
Residential Address:					
(If different than postal)					
Email address:					
Home:		Mobile:			
Phone (alternate)	:	Are you	a Fiji Citizen	Yes	No 🔲
Gender information is gathered for statistical purposes only & not for assessment purpose.		Male		Female	
Referee Details (please include only		Contact Details			
referees who can comment on your work					
experience)					
Name:		Phone:			
Organisation:		Email:			
Position:		Relationship:			
Name:		Phone:			
Organisation:		Email:			
Position:		Relationship:			
Name:		Phone:			
Organisation:		Email:			
Position:		Relation	ship:		
Please ensure you attach your current Curriculum Vitae explaining your suitability for the position and your birth certificate.  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 AND AUTHORIS	SATION:	
I		
(Full name: first or given names	s and family or surname)	
of		
(Full residential address)		
Being an applicant for	position in the Ministry of	declare that:
	any criminal offences (for these purposes do not cences, as they do not result in a conviction being	
I acknowledge that if appoin	ted, I will have to provide a recent police cle	arance before taking up duty.
I have not been the subject of nor are there any unresolved	any disciplinary action by any employer or profection	essional body in Fiji or overseas
OR		
Details of disciplinary action of	or unresolved complaints against me are as follo	ows
I have not been made bankrup	ot, entered into a composition with my creditors, o	or been disqualified as a director.
I know of no other matter which	ch might affect my credibility in office.	
	my application form, my curriculum vitae and ar being used to assess whether I may be e	
I authorise the Fiji Government	nt to make suitable enquiries to verify the inform	ation supplied in my application.
<ul> <li>I understand that a false decl action being taken against me</li> </ul>	aration on this form will invalidate my applicatio e.	n and may result in further lega
Signature of Applicant:	Date:	