

DEPARTMENT OF INFORMATION

APPLICATION FORM

Position App	olied For:		Vacancy or Reference Number:				
Title:	Surname/Family Name:						
Given Names:							
Date of Birth:							
Postal Address:							
Residential	Address:						
(If different t	than postal)						
Email address:							
Home:		Mobile:					
Phone (alternate):		Are you	a Fiji Citizen	Yes	No 🔲		
Gender information is gathered for statistical		Male		Female			
purposes only & not for assessment purpose. Referee Details (please include only		Contac	t Details				
referees who can comment on your work		Contac	t Dotailo				
experience)							
Name:		Phone:					
Organisation:		Email:					
Position:		Relationship:					
Name:		Phone:					
Organisation:		Email:					
Position:		Relationship:					
Name:		Phone:					
Organisation:		Email:					
Position:		Relationship:					
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							

Date:

Signature:



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DECLARATION A	AND AUTHORISATION:			
1				
(Full name: first				
of				
(Full residential	address)			
Being an applicar	t for	position in the Departi	ment of	declare that:
			poses do not count any int nviction being entered aga	
l acknowledg	e that if appointed, I wil	have to provide a rece	nt police clearance befo	ore taking up duty
I have not been	en the subject of any disci	plinary action by any emp	loyer or professional body	/ in Fiji or overseas
nor are there	any unresolved complain	ts against me		
OR				
Details of disc	ciplinary action or unresol	ved complaints against m	e are as follows	
I have not bee	n made bankrupt, entered	I into a composition with n	ny creditors, or been disqu	alified as a director
• I know of no o	other matter which might a	affect my credibility in offic	ce.	
			ı vitae and any other mat whether I may be emplo	
I authorise the application.	ne Fiji Government to n	nake suitable enquiries	to verify the information	supplied in my
	that a false declaration or aken against me.	า this form will invalidate เ	my application and may re	esult in further lega
Signature of Appl	cant:		Date:	