

EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY  
ECSCA-HC



APPLICATION FORM

|  |       |                              |  |                            |   |
|--|-------|------------------------------|--|----------------------------|---|
| Ref. No. (for official use):   |       |                              | Received on:                             |                            | PLEASE ATTACH<br>A RECENT<br>PHOTOGRAPH |
| Please fill this form as clearly and as accurately as possible. It is important that you answer all the questions fully. Failure to complete this form may render your application invalid |       |                              |  |                            |   |
| 1. FAMILY NAME   |       | FIRST NAMES                  |  | MAIDEN NAME                |   |
| 2. DATE OF BIRTH   |       | 3. PLACE OF BIRTH<br>COUNTRY |  | 4. PRESENT<br>NATIONALITY  | 5. SEX<br>MALE<br>FEMALE                |
| Day  | Month | Year                         |  |                            |   |
|  |       |                              |  |                            |   |
| 6. PERMANENT ADDRESS   |       |                              | PRESENT ADDRESS<br>(If different from 6) |                            |   |
| 7. Telephone Office<br>Telephone Home  |       | Fax Office<br>Fax Home       |  | Telex Office<br>Telex Home |   |
| 8. MARITAL STATUS  |       |                              |  |                            |   |
| Single   |       | Married                      |  | Others, specify please     |   |

|   |                      |                     |                 |                                   |
|---|----------------------|---------------------|-----------------|-----------------------------------|
|   | Date                 |                     |                 |                                   |
| <b>9. DEPENDANTS</b><br>(Spouse and legitimate natural or legally adopted children)   |                      |                     |                 |                                   |
| <b>NAMES</b>  | <b>Date of Birth</b> | <b>Relationship</b> |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
| <b>10. EDUCATION</b><br>(Please attach copy of your degree certificates or diplomas. Originals will be required if you are short listed for an interview) |                      |                     |                 |                                   |
| <b>(A) University or Equivalent</b>   |                      |                     |                 |                                   |
| Name of University – City – Country   | Duration             |                     | Degree Obtained | Major field of study              |
|   | From                 | To                  |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |
| <b>(B) Secondary or Technical education</b>   |                      |                     |                 |                                   |
| School – City – Country   | Type of Education    | Duration            |                 | Certificates or diplomas obtained |
|   |                      | From                | To              |                                   |
|   |                      |                     |                 |                                   |
|   |                      |                     |                 |                                   |

## Personnel Selection Form

### EMPLOYMENT HISTORY:

| Please list the following information about your current and previous employees. Please start with your current or last employer |    |                              |   |                     |        |        |                                  |
|--|----|------------------------------|---|---------------------|--------|--------|----------------------------------|
| Dates  |    | Name and Address of Employer | Job Title and brief responsibilities and to whom directly responsible | Reasons for leaving | Salary |        | Other Benefits e.g. free housing |
| From   | To |                              |   |                     | Start  | Finish |                                  |
|  |    |                              |   |                     |        |        |                                  |

4. **EXPERIENCE:**

- (a) Give details of your experience and achievements in the positions listed on the previous page, which are **relevant** to the job applied for.
  
- (b) What are your future plans and aims?
  
- (c) What is your reason for seeking a new appointment?
  
- (d) What do you see as the main attractions of the post you are applying for?