

ANTI
CORRUPTION
COMMISSION



APPLICATION FORM

Post Applied For

CORRUPTION E DO SO

**ANTI-CORRUPTION COMMISSION
APPLICATION FORM**

Attach
4 recent
photograph
here
Do not staple

Information given should be clear, concise and accurate.
DO NOT USE ABBREVIATIONS

Complete the form in typescript or in Block letters preferably black ink to facilitate
Reproduction.

1	Family name (surname)	First/other names			Mr/Mrs/Miss	Maiden name if any
	Present Nationality	Date of birth	Day	Month	Year	Place and Country of birth
	Passport details	No			place and date of issue	Date of expiry
	Has your nationality ever been changed or is it in the process of being changed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)			
	Private address	Tel:	Fax:	E-mail:	MARITAL STATUS	
	Permanent address (if different from above)	Tel:	Fax:	E-mail:	<input type="checkbox"/>	single
	Profession address	Tel:	Fax:	E-mail:	<input type="checkbox"/>	married
					<input type="checkbox"/>	widow(er)
					<input type="checkbox"/>	separated
					<input type="checkbox"/>	divorced
2	What do you consider as your specialisation?					If you are applying for a vacancy announcement state number or reference
	If you were offered a post how soon could you report for duty?					
	Please indicate if for medical or any other reasons you are prevented from travelling.					

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3	Positions	ANNUAL SALARY GROSS	ALLOWANCES in addition to salary	SUPERVISOR'S NAME AND TITLE	
	Present Post	Gross			Dates From To
	Preceding Post	Gross			From To

4 Give names of spouse and any dependents.						
	Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

Give details of any near relatives who are employed by the Commission		
	Name	Relationship
		International Organization

5 If you have ever been found guilty of the violation of any law(except minor traffic violations) give full particulars.

6 REFERENCES List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under Point 3 above.

Name	Full address	Telephone No.	Occupation, business, title
		Office Home	
		Office Home	
		Office Home	

7 I certify that the statements made by me on this form are true complete and correct.
I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer appointment or the cancellation of any contract of employment with the Anti Corruption Commission.

Date and place: _____ signature: _____

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1 Name Present address	Nationality Place and date of birth
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2 LANGUAGE KNOWLEDGE	OTHER LANGUAGE	Speak	Read	Write	
MOTHER TONGUE For other languages, enter appropriate number from code below to indicate level of your language knowledge. CODE: 1. Limited conversation, reading of newspapers, routine correspondence. 2. Engage freely in discussions, read and write more difficult material. 3. Speak, read and write (nearly) as well as mother tongue.					

3 **EDUCATION:** Give full details in chronological order. Give the exact name of the Institution and title of degree/certificates in the original language. Exclude primary/secondary school if you have a university degree or equivalent. Include courses and post graduate studies in your professional or related fields.

From Month/year	To Month/year	Institution (name,place)	Certificates, degrees obtained	Main(field)(s) or subject(s) of study

4 List Professional Societies of which you are a member; indicate the class of membership when appropriate.

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5 PROFESSIONAL EXPERIENCE

A Summary of employment record in CHRONOLOGICAL ORDER.

B From	To	Exact title of your post
Name and address of employer		
		Number and type of employees supervised by you, if any

Description of your duties and responsibilities

Reason for leaving

C From	To	Exact title of your post
Name and address of employer		
		Number and type of employees supervised by you, if any

Description of your duties and responsibilities

Reason for leaving

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D	From	To
	Exact title of your post	
	Name and address of employer	
	Number and type of employees supervised by you, if any	
Description of your duties and responsibilities		
Reason for leaving		
E	PRESENT OR MOST RECENT EMPLOYMENT	
	Exact title of your post	
	From	To
	Name and address of employer	
	Number and type of employees supervised by you, if any	
Description of your duties and responsibilities		
Reason for leaving		

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F DO NOT FILL IN - INTENDED FOR FUTURE ADDITIONS	Exact title of your post
From To	Number and type of employees supervised by you, if any
Name and address of employer	
Description of your duties and responsibilities	
Date of updating:	
6 List type of software with which you are familiar	
7 Additional Information relevant to your work and the post for which you are applying (i.e. experience in on-the-job training or modern training.)	
Date: _____	
Signature: _____	