



# EMPLOYMENT APPLICATION FORM

**Note:** This questionnaire will be used for short listing of applicants. Whether you are short-listed or not depends on how well you complete this questionnaire.

**Instructions:** Please enter all information only in the boxes provided.

<b>POSITION:</b>
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<b>PERSONAL INFORMATION</b>						<b>CONFIDENTIAL</b>	
SURNAME			YOUR NAME(S):				
TITLE:	M / F:	PREFERRED NAME:		D.O.B	AGE		
HOME/RESIDENTIAL ADDRESS:			POSTAL ADDRESS:				
TELEPHONE:				MOBILE			
EMAIL ADDRESS: (please write exactly as it should be sent)							
HOME PROVINCE:			COUNTRY OF ORIGIN:		APPLICANT:		
					SPOUSE:		
GENERAL STATE OF HEALTH:		EYESIGHT:		HEARING:		SERIOUS ACCIDENT/ILLNESS:	
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor							
CURRENT PASSPORT?			PLACE OF ISSUE		EXPIRY DATE:		
YES / NO			PASSPORT NO.				
MARITAL STATUS:			NAME OF SPOUSE:				
CHILDREN : (DEPENDENTS ONLY)							
NAME:		D.O.B.	M / F	NAME:		D.O.B.	M / F
HOBBIES / LEISURE ACTIVITIES:							

**ACADEMIC & PROFESSIONAL BACKGROUND:**

Note - Start with last institution attended

FROM	TO	FULL OR PART TIME	INSTITUTION	AWARD/QUALIFICATION	DATE

OTHER RELEVANT COURSES/TRAINING UNDERTAKEN:


OTHER RELEVANT SKILLS:


**EMPLOYMENT HISTORY**

(Start from present/last full time position and work backwards)

**1. CURRENT/MOST RECENT POSITION:**

FROM:	TO:	EMPLOYER NAME & ADDRESS:	POSITION TITLE:

RESPONSIBLE TO (Title):	RESPONSIBLE FOR:

NATURE OF EMPLOYER'S BUSINESS:	TURNOVER/BUDGET RESPONSIBILITY:

STATE YOUR MAIN DUTIES/RESPONSIBILITIES:


REASON FOR LEAVING/WANTING TO LEAVE:


**2. PREVIOUS POSITION:**

FROM:	TO:	EMPLOYER NAME & ADDRESS:	POSITION TITLE:
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RESPONSIBLE TO (Title):	RESPONSIBLE FOR:
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NATURE OF EMPLOYERS BUSINESS:	TURNOVER/BUDGET RESPONSIBILITY:
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STATE YOUR MAIN DUTIES/RESPONSIBILITIES:

REASON FOR LEAVING

**3. LIST ALL OTHER EMPLOYMENT** (in reverse chronological order)

FROM:	TO:	ORGANIZATION OR TYPE OF BUSINESS	POSITION HELD

**REFERENCES**

Give details of three (3) people we may contact to obtain work references. (They must be responsible people you have worked for or who know your work performance)

1.SURNAME:	PREFERRED NAME:	POSITION:
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ORGANIZATION:	Bus. Tel or Home Te:
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2.SURNAME:	PREFERRED NAME:	POSITION:
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ORGANIZATION:	Bus. Tel or Home Te:
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3.SURNAME:	PREFERRED NAME:	POSITION:
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ORGANIZATION:	Bus. Tel or Home Te:
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**SALARY INFORMATION**

Current Base Salary: PNG K                      p.a.

Desired Salary: PNG K                                      p.a.

**GEOGRAPHIC PREFERENCES** (Generalize as much as possible).

Places you **WILL** go to:

Places you **WILL NOT** go to:

**PERSONAL AMBITIONS & ACHIEVEMENTS**

WHAT IS YOUR SHORT TERM GOAL? (E.g. 5 years)

WHAT IS YOUR LONG TERM GOAL? (E.g. 10 years)

WHAT TYPE OF WORK DO YOU FIND MOST INTERESTING?

WHAT TYPE OF WORK DO YOU FIND THE LEAST INTERESTING?

WHAT DO YOU FEEL ARE YOUR GREATEST STRENGTHS?

WHAT ASPECTS OF YOUR OVERALL PERFORMANCE WOULD YOU LIKE TO IMPROVE?

WHAT DO YOU CONSIDER TO BE YOUR GREATEST ACHIEVEMENTS SO FAR?

SHOW HOW YOUR SKILLS, KNOWLEDGE, EXPERIENCE AND ATTITUDES WOULD MAKE A VALUABLE CONTRIBUTION TO THE NATIONAL MARITIME SAFETY AUTHORITY.

**DECLARATION**

I hereby declare that the information contained above is to the best of my knowledge correct in every detail.

Date: \_\_\_\_\_

APPLICANT'S  
SIGNATURE \_\_\_\_\_