



Ministry of Agriculture

VACANCY APPLICATION FORM

Ministry:			
Position Applied For:			
Vacancy or Reference Number:			
Title:	Surname/Family Name:		
Given Names:			
Date of Birth:			
<i>Gender information is gathered for statistical purposes only. Completion of this section is voluntary, the information will not be considered when assessing your application</i>		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal Address:			
Residential Address: <i>(If different than postal)</i>			
Email address:			
Phone:	Phone alternate:		
	Are you a Fijian Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referees			
Referee Details		Contact Details	
Name:		Phone:	
Organization:		Email:	
Position:		Relationship:	
Name:		Phone:	
Organization:		Email:	
Position:		Relationship:	
I hereby declare that I am able to travel as per the requirements of the position:			
<div style="text-align: right; margin-right: 50px;"> Signature </div>			

Please ensure you attach your current Curriculum Vitae and a covering letter explaining your suitability for the position

I certify the above details are true and correct and that I am a genuine applicant for the identified position

Signature _____ Date _____



Ministry of Agriculture

Declaration and Authorisation

I _____
(Full name: first or given names and family or surname)

of _____
(Full residential address)

Being an applicant for the position of xx in the Ministry of xx declare that:

- I have not been convicted of any criminal offences (for these purposes do not count any infringement offences, e.g., parking or speeding offences, as they do not result in a conviction being entered against you)

I acknowledge that if appointed, I will have to provide a recent police clearance before taking up duty.

- I have not been the subject of any disciplinary action by any employer or professional body in Fiji or overseas, nor are there any unresolved complaints against me

OR

Details of disciplinary action or unresolved complaints against me are as follows

- I have not been made bankrupt, entered into a composition with my creditors, or been disqualified as a director.
- I know of no other matter which might affect my credibility in office.
- I understand and consent to my application form, my curriculum vitae and any other material supplied being held by the Ministry of -- and being used to assess whether I may be employed in the Ministry of --.
- I authorise the Fijian Government to make suitable enquiries to verify the information supplied in my application.
- I understand that a false declaration on this form will invalidate my application and may result in further legal action being taken against me.

Signature of Applicant: _____

Date: _____