



STATE INSURANCE COMPANY OF MAURITIUS LTD

APPLICATION FOR EMPLOYMENT

Please attach
a recent
photograph of
yourself

General Instructions to Applicants:

1. Application should be accompanied by curriculum vitae, copies of birth and educational certificates and testimonials from previous employers.
2. Do not leave any item blank; please indicate 'N/A' where not applicable to you.

| | | | |
|--|------------------|-----------------------------------|--|
| 1. POST APPLIED FOR: | | | |
| 2. PERSONAL DETAILS | | | |
| SURNAME: | | MAIDEN NAME: | MARITAL STATUS: SINGLE/MARRIED/OTHER |
| OTHER NAME(S): | | MALE/FEMALE: | |
| DATE OF BIRTH mm-yyyy): | (dd- AGE: | PLACE OF BIRTH: | Nationality (if naturalised, Number and date of certificate) |
| IDENTITY CARD NO: | | SOCIAL SECURITY NO: | |
| CONTACT DETAILS | | | |
| Full Postal Address | | Home Telephone Number: | Mobile Telephone |
| | | | Office Telephone Number: |
| | | Email Address: | |
| 3. EDUCATION | | | |
| (I) SECONDARY QUALIFICATIONS | | | |
| Secondary Institution(s) Attended: | | | |
| Certificate Obtained (SC/ GCE O' Level, others): | | | Year: |
| Subjects | Grade | Subjects | Grade |
| | | | |
| | | | |
| | | | |
| | | | |
| (II) HIGHER SECONDARY QUALIFICATIONS | | | |
| Certificate Obtained (HSC/ GCE A' Level, others): | | | Year: |
| Subjects (Main) | Grade | Subjects (subsidiary) | Grade |
| | | | |
| | | | |
| | | | |

| (III) TERTIARY/PROFESSIONAL QUALIFICATIONS (please use additional sheet(s) if necessary) | | |
|---|-------------------------------|------|
| Name of Qualification | Name of Institution & Address | Year |
| | | |
| | | |
| | | |
| | | |
| | | |

(IV) OTHER/ SPECIAL QUALIFICATIONS (e.g certification) Where special qualifications or experience are laid down for the post for which you are applying, state here to what extent you possess them or attach a statement giving such information (please use additional sheet(s) if necessary)

4. State Languages spoken and/ or written:

5. EMPLOYMENT HISTORY (please use additional sheet(s) if necessary)

(I) Current/ Most recent Employment

| From (dd-mm-yyyy) | To (dd-mm-yyyy) | Job Title | Nature of work | Specify whether at operational/ mid-mgt/ mgt level | Name & Address of Employer |
|----------------------|--------------------|-----------|----------------|---|----------------------------|
| | | | | | |

To whom do you report (Job Title):

Do you have any subordinates/ reportees? YES/NO Number of People reporting to you:

Major Responsibilities, duties and significant contribution:(please use additional sheet(s) if necessary)

| | | | |
|--|--|---|--|
| Reason for Leaving your current employer: | | Period of notice required by current employer: | |
|--|--|---|--|

(II) Previous Employment History

| From (dd-mm-yyyy) | To (dd-mm-yyyy) | Job Title | Nature of work | Specify whether at operational/ mid-mgt/ mgt level | Name & Address of Employer | Reason for Leaving |
|-------------------|-----------------|-----------|----------------|---|----------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

6 (a) Have you ever been dismissed or discharged from previous employment? YES/ NO

(b) Have you ever been convicted or sentenced to pay a fine by a court of law? YES/ NO

If the answer to (a) or (b) is 'yes;', please give details:.....

7. DECLARATION BY APPLICANT

I declare that the particulars in this application and in the sheets attached thereto, are true to the best of my knowledge and belief and that I have not wilfully suppressed any material fact.

N.B: Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration.

Date:_____

Signature of Applicant:_____

*Thank you for completing this application form.
Please note that only shortlisted applicants will be contacted.*