



PSC Application Form (Non-Registered)

| POSITION APPLIED | |
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| NAME OF POSITION | SPECIALTY AREA (fill in only for Medical posts) |
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| REQUIREMENTS: |
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| <ol style="list-style-type: none">1. Application has to be submitted via email address to application@spa.gov.bn not later than the closing date. LATE SUBMISSION WILL NOT BE ENTERTAINED.2. All relevant documents (INCLUDING THIS FORM) must be scanned and attached in PDF format to the same email. (File size must be not more than 2MB and the document must be in coloured scanned copies)3. Documents to be attached with this Application Form:<ul style="list-style-type: none"><input type="checkbox"/> Passport<input type="checkbox"/> Curriculum Vitae<input type="checkbox"/> Qualification Certificates and Transcripts<input type="checkbox"/> Brunei National Accreditation Council Letter (if applicable)<input type="checkbox"/> Relevant Testimonials<input type="checkbox"/> Any required documents as per required by advertised scheme of service4. Applications are only open for advertised positions under Chapter 7(A) Others, more information can be accessed via www.recruitment.gov.bn.5. Any inquiry, please do not hesitate to email us at query@spa.gov.bn. |

| DECLARATIONS: | |
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| <ol style="list-style-type: none">1. I hereby certify that all information provided in this document are true and accurate.2. I acknowledge that if the document is not filled in completely, The Office of Public Service Commission has the right to reject the application.3. Should verification be required on the said information; I hereby authorize The Office of Public Service Commission to carry out the necessary investigations.4. If this application leads to employment, I understand that false or misleading information in my application or interview may result in legal action according to Brunei Law. | |
| SIGNATURE: | DATE: |
| | |

| PERSONAL DETAILS (Fill in details in BLOCK LETTERS unless using type-in) | | | | | |
|--|--|-----------------------|--|-----------------------|--|
| NAME: | | | | | |
| ADDRESS: | | | | | |
| ZIP CODE: | | EMAIL: | | | |
| MAILING ADDRESS: | | | | | |
| ZIP CODE: | | | | | |
| CONTACT NUMBERS: | | | | | |
| DATE OF BIRTH: | | CITIZENSHIP: | | MARITAL STATUS: | |
| PASSPORT NUMBER: | | IDENTITY CARD NUMBER: | | IDENTITY CARD COLOUR: | |

| SPOUSE DETAILS (Fill in details in BLOCK LETTERS unless using type-in) | | | | | |
|--|--|--------|--|--|--|
| NAME: | | | | | |
| PERMANENT ADDRESS: | | | | | |
| ZIP CODE: | | EMAIL: | | | |
| MAILING ADDRESS: | | | | | |
| ZIP CODE: | | | | | |
| CONTACT NUMBERS: | | | | | |
| JOB: | | | | | |

| DEPENDENTS | | | |
|------------|------|-----|----------|
| NO. | NAME | AGE | RELATION |
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| EDUCATION | | | | | |
|-----------|-------|-----|------------------|----------|--------------------------------|
| NO. | FROM: | TO: | EDUCATION TITLE: | RESULTS: | INSTITUTION/SCHOOL/UNIVERSITY: |
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| OTHER RELEVANT QUALIFICATIONS INCLUDING MEMBERSHIP OF PROFESSIONAL BODIES | | | | |
|---|-------|---------------|-----------|----------|
| NO. | NAME: | MEMBER SINCE: | POSITION: | REMARKS: |
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| EMPLOYMENT HISTORY | | |
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| | CURRENT/LATEST EMPLOYMENT: | PREVIOUSLY EMPLOYED BY: |
| NAME OF COMPANY: | | |
| ADDRESS: | | |
| JOB TITLE: | | |
| SALARY ON LEAVING: | | |
| DATE OF EMPLOYMENT: | | |
| DATE OF LEAVING: | | |
| MAIN RESPONSIBILITIES: | | |

| REFERENCES (Please list at least two non-family members or friends) | | | |
|--|--|----------------------|--|
| NAME: | | RELATIONSHIP: | |
| POSITION: | | COMPANY: | |
| CONTACT NUMBER: | | EMAIL: | |
| | | | |
| NAME: | | RELATIONSHIP: | |
| POSITION: | | COMPANY: | |
| CONTACT NUMBER: | | EMAIL: | |
| | | | |
| NAME: | | RELATIONSHIP: | |
| POSITION: | | COMPANY: | |
| CONTACT NUMBER: | | EMAIL: | |

ADDITIONAL INFORMATION (Please (v) where appropriate and provide any relevant documents)

1. Have you ever worked in Brunei Darussalam? If yes, provide details.

() YES () NO

2. Do you suffer from any physical impairment or are you under medical treatment? If yes, provide details.

() YES () NO

3. Have you ever been convicted in a Court of Law in any country? If yes, provide details.

() YES () NO

4. Do you have any relatives and/or friends that are currently working in Brunei Darussalam? If yes, state their names, the workplace and their relationship to you.

| | NAME | WORKPLACE | RELATIONSHIP |
|----|------|-----------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |