

PSC Application Form

The information supplied in this document will remain strictly confidential

REQUIREMENTS:

1. Application must be submitted via **email address to application@spa.gov.bn not later than the closing date.**
LATE AND INCOMPLETE SUBMISSION WILL NOT BE ENTERTAINED.
2. All relevant documents (**INCLUDING THIS FORM**) must be **scanned in coloured PDF format** and **not exceed 10MB in file size** when emailed to the stated email address.
3. Applications **must** be attached with copies of the following documents:
 - Passport
 - Curriculum Vitae
 - Qualification Certificates and Transcripts
 - Brunei National Accreditation Council Letter (if applicable)
 - Relevant Testimonials
 - Any required documents as per required by advertised scheme of service (advertisement requirement)
4. Applications are advertised in accordance to Chapter 7(A) of the Public Service Commission Act of Brunei Darussalam. For more information, please visit www.recruitment.gov.bn.
5. **Only shortlisted candidates will be contacted.**
6. Any inquiry, please email us at query@spa.gov.bn.

DECLARATIONS:

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 any false or misleading information in my application or interview may result in legal action according to Brunei Law.

SIGNATURE:

DATE:

POSITION(S) APPLIED FOR		
	Name of Post	Advertisement code
	Name of Post	Advertisement code
	Name of Post	Advertisement code

Please add for more

A. PERSONAL DETAILS (Fill in details in BLOCK LETTERS)			
NAME			
PRESENT ADDRESS			
COUNTRY		ZIP CODE	
MAILING ADDRESS (If not same as above)			
CONTACT NUMBER		E-MAIL	
DATE OF BIRTH		CITIZENSHIP	
PASSPORT NUMBER		IDENTITY CARD NUMBER	
MARITAL STATUS			

B. SPOUSE DETAILS (Fill in details in BLOCK LETTERS)			
NAME			
PRESENT ADDRESS			
COUNTRY		ZIP CODE	
MAILING ADDRESS (If not same as above)			
CONTACT NUMBER		E-MAIL	
DATE OF BIRTH		CITIZENSHIP	
PASSPORT NUMBER		IDENTITY CARD NUMBER	
OCCUPATION			

C. EDUCATION DETAILS

NO.	SCHOOL / UNIVERSITY	DIPLOMA / DEGREE	MAJOR	YEARS ATTENDED	RESULT

Please add for more

D. INTERNSHIP/ HOUSEMANSHIP / FOUNDATION / PRE-REGISTRATION TRAINING (IF APPLICABLE)

NO.	SCHOOL / UNIVERSITY	MAJOR	YEARS ATTENDED	RESULT

Please add for more

E. MEDICAL LICENSES / MEMBERSHIP OF PROFESSIONAL BODIES (IF APPLICABLE)

NO.	NAME OF LICENSE / MEMBERSHIP	COUNTRY ISSUED	DATE ISSUED	REG. NO

Please add for more

F. EMPLOYMENT HISTORY (Begin with most recent employment)

NO.	DATES FROM	TO	COMPANY NAME	COUNTRY
JOB TITLE AND DUTIES:				
REASON FOR LEAVING:				SALARY ON LEAVING:
JOB TITLE AND DUTIES:				
REASON FOR LEAVING:				SALARY ON LEAVING:
JOB TITLE AND DUTIES:				
REASON FOR LEAVING:				SALARY ON LEAVING:
JOB TITLE AND DUTIES:				
REASON FOR LEAVING:				SALARY ON LEAVING:

Please add for more

G. REFERENCES (Please list at least two (2) non-family members or friends)

NO	NAME & TITLE	RELATIONSHIP	COMPANY	PHONE NUMBER	EMAIL

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

- Have you ever worked in Brunei Darussalam? If yes, provide details.
() YES () NO
- Do you suffer from any physical impairment or are you under medical treatment? If yes, provide details.
() YES () NO
- Have you ever been convicted in a Court of Law in any country? If yes, provide details.
() YES () NO
- 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.			