



POSITION APPLIED – Please tick position applied		
(✓)	NAME OF POSITION	SPECIALTY AREA
	Consultant Grade II (MD.19)	
	Senior Medical Officer Grade II (MD. 17)	
	Medical Officer Grade II (MD.16)	
	Soil Scientist (B.2 EB.3)	
	Clerk Interpreter (D.3 EB.4-5)	

REQUIREMENTS:

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:
 - 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
4. 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 info@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 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:					
PERMANENT ADDRESS:					
ZIP CODE:		EMAIL:			
MAILING ADDRESS:					
ZIP CODE					
CONTACT NUMBERS:	(H)		(M)		
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:	(H)		(M)		
JOB:					

EDUCATION					
NO.	FROM:	TO:	EDUCATION TITLE:	RESULTS:	INSTITUTION/SCHOOL/UNIVERSITY:

OTHER RELEVANT QUALIFICATIONS INCLUDING MEMBERSHIP OF PROFESSIONAL BODIES				
NO.	NAME:	MEMBER SINCE:	POSITION:	REMARKS:

CURRENT MEDICAL/PROFESSIONAL PRACTICE REGISTRATION (PRACTISING LICENCE)		
NO.	DETAILS:	DATE CERTIFIED:

EMPLOYMENT HISTORY	
	CURRENT/LATEST EMPLOYMENT:
NAME OF COMPANY:	
ADDRESS:	
JOB TITLE:	
SALARY ON LEAVING:	
DATE OF EMPLOYMENT:	
DATE OF LEAVING:	
MAIN RESPONSIBILITIES:	

OTHER EMPLOYMENT HISTORY						
NO.	NAME OF COMPANY	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:	(M)	(O)	EMAIL:	
NAME:			RELATIONSHIP:	
POSITION:			COMPANY:	
CONTACT NUMBER:	(M)	(O)	EMAIL:	
NAME:			RELATIONSHIP:	
POSITION:			COMPANY:	
CONTACT NUMBER:	(M)	(O)	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.			