



### PSC Application Form (Non-Registered)

POSITION APPLIED	
NAME OF POSITION	SPECIALTY AREA (fill in only for Medical posts)

REQUIREMENTS:
<ol style="list-style-type: none"><li>1. Application has to be submitted via <b>email address to <a href="mailto:application@spa.gov.bn">application@spa.gov.bn</a> not later than the closing date. LATE SUBMISSION WILL NOT BE ENTERTAINED.</b></li><li>2. All relevant documents (<b>INCLUDING THIS FORM</b>) must be <b>scanned and attached in PDF format</b> to the same email. (File size <b>must be not more than 2MB</b> and the document must be in coloured scanned copies)</li><li>3. Documents to be attached with this Application Form:<ul style="list-style-type: none"><li><input type="checkbox"/> Passport</li><li><input type="checkbox"/> Curriculum Vitae</li><li><input type="checkbox"/> Qualification Certificates and Transcripts</li><li><input type="checkbox"/> Brunei National Accreditation Council Letter (if applicable)</li><li><input type="checkbox"/> Relevant Testimonials</li><li><input type="checkbox"/> Any required documents as per required by advertised scheme of service</li></ul></li><li>4. Applications are only open for advertised positions under Chapter 7(A) Others, more information can be accessed via <a href="http://www.recruitment.gov.bn">www.recruitment.gov.bn</a>.</li><li>5. Any inquiry, please do not hesitate to email us at <a href="mailto:query@spa.gov.bn">query@spa.gov.bn</a>.</li></ol>

DECLARATIONS:	
<ol style="list-style-type: none"><li>1. I hereby certify that all information provided in this document are true and accurate.</li><li>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.</li><li>3. Should verification be required on the said information; I hereby authorize The Office of Public Service Commission to carry out the necessary investigations.</li><li>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.</li></ol>	
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:					



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

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

<b>EMPLOYMENT HISTORY</b>		
	<b>CURRENT/LATEST EMPLOYMENT:</b>	<b>PREVIOUSLY EMPLOYED BY:</b>
<b>NAME OF COMPANY:</b>		
<b>ADDRESS:</b>		
<b>JOB TITLE:</b>		
<b>SALARY ON LEAVING:</b>		
<b>DATE OF EMPLOYMENT:</b>		
<b>DATE OF LEAVING:</b>		
<b>MAIN RESPONSIBILITIES:</b>		

**REFERENCES (Please list at least two non-family members or friends)**

<b>NAME:</b>		<b>RELATIONSHIP:</b>	
<b>POSITION:</b>		<b>COMPANY:</b>	
<b>CONTACT NUMBER:</b>		<b>EMAIL:</b>	
<b>NAME:</b>		<b>RELATIONSHIP:</b>	
<b>POSITION:</b>		<b>COMPANY:</b>	
<b>CONTACT NUMBER:</b>		<b>EMAIL:</b>	
<b>NAME:</b>		<b>RELATIONSHIP:</b>	
<b>POSITION:</b>		<b>COMPANY:</b>	
<b>CONTACT NUMBER:</b>		<b>EMAIL:</b>	

**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.			