**MAURITIUS FIRE AND RESCUE SERVICE**

**Atalian Tower, 57 Labourdonnais Street,**

**Port-Louis**

**Application for the post of Panel Beater (Mauritius Fire and Rescue Service)**

**Section A (To be filled in by the Applicant)**

1. Title Mr Mrs Miss

(*Please tick as appropriate)*

2. Marital Status: Married Single Other: ……………………

3. Surname (in block letters): ………………………………………………………………………….

4. Other Names (in block letters): ……………………………………………………………………..

5. Date or Birth: ……………………………………… Age: ………………………………………..

6. National Identity Card No: ………………………………………………………………………….

7. Tel: (office) ………………………… (Residence) ………………… (Mobile) ………………...

8. Residential Address (in block letters): ……………………………………………………………...

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9. Educational Qualifications (Please attach photocopy of certificates)

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Any other qualifications/experience relevant to the post applied for (Documentary evidence to be attached):

………………………………………………………………………………………………………

……………………………………………………………………………………………………….

Date: ………………………………………. …………………………………

Signature of Applicant

**DECLARATION**

I,…………………………………………………., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not suppressed any material fact.

Date : ………………………….. Signature of applicant : …………………….

**Section B (To be filled by the Ministry/Department concerned) IF applicable**

**(i)**

|  |  |  |
| --- | --- | --- |
| **Year** | **Record of Sick Leave  (No. of days)** | **Record of Unauthorised absences  (No. of days)** |
| **2022** |  |  |
| **2023** |  |  |
| **2024 to date** |  |  |

(ii) Report on applicant:

Work: …………………………………………………………………………………….

Conduct: ………………………………………………………………………………….

Attendance: ……………………………………………………………………………….

(iii) Whether officer has been subject to disciplinary action during the last ten years. If in the affirmative, please provide details.

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(iv) Comments, if any, on experience claimed by Applicant and any other remarks:

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(v) I certify that particulars given by Applicant in Section A have been verified and found correct;   
 except:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Date: ………………………………………… Signature: ……………………………………………

(Head of Division/Section/Branch)

Stamp of

Ministry/Department

Name (in full): ……………………………………....

Post held: ……………………………………………

Contact No: ………………………………………….