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| logo.png | Ministry of Labour and Human Resource Development  Government of Kiribati |

Job Seeker Application Form (Profile)

This form is for I-Kiribati who wishes to apply for all overseas work schemes. Thank you very much for taking the time to complete this form. In order to ensure we can process your application quickly, please make sure to fill out all questions as completely as possible. Please use the checklist to make sure you have attached all supporting documents. Ko rabwa.

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| **General** | | | | |
| 1. Today's date: | | 1. Name of sectors: 2. Country: | | |
| **Personal details** | | | | |
| 1. Title: Mr  | Miss  | Mrs  | Ms  | Other [     ] | | | 1. Passport Photo: | |
| 1. Given Name(s): | | |
| 1. Family / last name: | | |
| 1. If you have changed your name, give previous name: | | |
| 1. Gender: Male  | Female | | |
| 1. Date of birth: Day / Month / Year | | |
| 1. Marital status: Single  | Married  | Defacto  | Divorced  | Widowed | | |
| **Postal / contact address now** | | | | |
| 1. Postal address: PO Box / Street address | | 1. Village: | | |
| 1. Council: | | 1. Island: | | |
| 1. Postcode: | | 1. Country: | | |
| 1. Phone (work): | | 1. Phone (home): | | |
| 1. Mobile: | | 1. Email: | | |
| **Home island** | | | | |
| 1. Island of birth: | | 1. Island of usual residence (last 12 months): | | |
| **Emergency contact / Next of kin** | | | | |
| 1. Contact first name: | | 1. Contact last name: | | |
| 1. Relationship to you: | | 1. Phone: | | |
| 1. Email: | | 1. Postal address : | | |
| 1. Village: | | 1. Council: | | |
| 1. Island: | | 1. Country: | | |
| **Language / Culture** | | | | |
| 1. How well do you speak Kiribati / Gilbertese?   Very well  | Well  | Not well  | Not at all | | 1. How well do you speak English?   Very well  | Well  | Not well  | Not at all | | |
| 1. Any other languages? Yes  | No | | 1. What other languages? | | |
| 1. Were you born in Kiribati? Yes  | No | | 1. If no, country of birth: | | |
| 1. Are you a permanent resident of Kiribati? Yes  | No | | 1. Do you have a passport? Yes  | No | | |
| **Disability:** | | | | |
| 1. 34. Do you consider yourself to have a disability, impairment or long term condition? | | | | Yes  | No |
| 1. If yes, please tick all relevant categories: | Vision  | Hearing/deaf  | Physical  | Intellectual  | Medical  | Learning  | Mental illness  | Acquired brain impairment  | Other | | | |
| 1. If you answered Yes, will you be requesting special assistance where available? | | | | Yes  | No |
| **Schooling details:** | | | | |
| 1. Are you still at school? Yes  | No | | 1. If yes, name of school: | | |
| 1. What highest level of schooling have you completed? | | Form 7  | Form 6  | Form 5  | Form 4  | Form 3 | | |
| 1. Year in which highest level completed:  [Year] | |  | | |

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| **Training and qualifications:** | | | | | | | | | | | | | | | |
| 1. Have you studied since leaving school? | | | | | | Yes  | No | | 47b. Do you have any TVET qualifications? | | | | | | | Yes  | No |
| 1. If you have done formal studies, please tick all relevant: | | | | | | Masters Bachelor or higher degree  | Advanced diploma / Associate degree  | Diploma / Associate Diploma  | Certificate IV / Advanced Cert/Technician)  | Certificate III (or TAFE certificate)  | Certificate II  | Certificate I  | Other | | | | | | | | | |
| 1. For highest qualification, name of institute: | | | | | |  | | | | | | | | | |
| 1. Name of program / course: | | | | | |  | | | 1. Year graduated: | | | | | | |
|  | | | | | |  | | |  | | | | | | |
| 1. Other short courses | | | | | | 1. Institute/company | | | 1. Year of course taken. | | | | | | |
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| 1. Current employment status (tick one): | | | | | 1. Major reason for interest in overseas work/job: | | | | | | | | | | |
| Self-employed and employing others | | |  | | Gain experience for future study | | | | | | | |  | | |
| Self-employed and not employing others | | |  | | Earn income/money | | | | | | | |  | | |
| Employed full time | | |  | | Gain experience to get a job in the future | | | | | | | |  | | |
| Employed part time | | |  | | To try for a different career | | | | | | | |  | | |
| Employed, unpaid family worker | | |  | | I wanted extra skills for my job | | | | | | | |  | | |
| Unemployed – seeking full time employment | | |  | | For personal interest or self-development | | | | | | | |  | | |
| Unemployed – seeking part time employment | | |  | | To get a better job or promotion | | | | | | | |  | | |
| Not employed – not seeking employment | | |  | | To develop my existing business | | | | | | | |  | | |
|  | | | | | To start my own business | | | | | | | |  | | |
| Other reasons | | | | | | | |  | | |
| 1. Name of current company/employer: | | | | | What other reasons? | | | | | | | | | | |
| 1. Company contact person: | | | | |  | | | | | | | | | | |
| 1. Phone: | | | | |  | | | | | | | | | | |
| 1. Past employment –(List down recent dates) | | | | | | | | | | | | | | | |
| Job title | | | | Organisation | | | | | | Start year | | | | Finish year | |
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| **Applicant's signature:** | | | | | | | | | | | | | | | |
| 1. Signature ⌦ | | | | | | | 1. Date:       /       / | | | | | | | | |
| **Attachments (provide copies):** | | | | | | | **OFFICE USE ONLY** | | | | | | | | |
| 1. Birth certificate | | Yes  | No | | | | | Selection result: | | | | |  | | | |
| 1. Qualification 2. CV | Yes  | No  Yes  | No | | | | | | Passport number: | | | |  | | | | |
| 1. Work References | Yes  | No | | | | | | Passport expiry date: | | | | /       / | | | | |
| 1. Medical clearance (if required) | |  | | --- | | Yes  | No | | | | | | | Visa: | | | |  | | | | |
| 1. Police clearance (if required) | Yes  | No | | | | | | Work permit: | | | |  | | | | |