

APPLICATION FORM FOR THE FILLING OF POSTS/POSITIONS IN THE HOUSE OF REPRESENTATIVES, PARLIAMENT OF MALTA

WARNING to all applicants - Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

Information Protected - Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.

APPLICATION FOR THE FILLING OF POSTS/POSITIONS of _____

at the House of Representatives, Parliament of Malta

CALL NO. _____ dated ____ / ____ / _____

Application Form Number _____
(For Office use only)

SECTION A – Personal Details

Title

Surname

Name

Identity Card Number

Date of Birth

____ / ____ / _____

Telephone Number

Landline _____

Mobile _____

e-Mail Address

Address

Locality _____ Post Code _____

SECTION B – Attached Documents (Tick where applicable)

- Curriculum Vitae*
- Qualification certificates (photocopies) as required by Call for Applications
- Certificate of Conduct issued by the Police in the last month immediately preceding closing date
- Service & Leave Record Form (GP 47) in case of employees within the Public Service
- Other Documents _____* in number.

* insert number of documents

SECTION C – Declarations

I declare that I am a citizen of (fill in country name);
 I declare that I am / was / never was employed in the Public Service (cross out where not applicable);
 I also declare that all details on this application form are correct and accurate.

Signature

Date

___ / ___ / _____

FOR OFFICE USE ONLY

Application Form Number _____

Application received by

Date

___ / ___ / _____

Comments _____

Date ___ / ___ / _____ **Signature** _____ **Grade** _____