

DESERT LOCUST CONTROL ORGANIZATION FOR EASTERN AFRICA (DLCO-EA)

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

To be submitted in applicants' own handwriting, to the **DIRECTOR**, **DESERT LOCUST CONTROL ORGANIZATION FOR EASTERN AFRICA**.

Surname:(BLOCK CAPITALS)	Other Names: (BLOCK CAPITALS)
Maiden name if married woman:	
Full postal address:	
Telephone No. Office:	Residence:
e-mail:	
Date of Birth:	
Place of Birth:	Country:
Nationality at Birth:	
Present Nationality:	
Travel permit/Passport No.:	Date & Place of Issue:
	Valid Until:

3.	Whether single, married, widower, widow, divorced, wife's full maiden name (or husband's full name):									
	IN CA	ASE OF MARRIED WOMAN: husband's occupation:								
		address:								
		's/husband's nationality:								
		Number of children and sex :								
		l respectively:								
	a)	Present employment:								
		(Position held and name of employer)								
		Salary US\$ a year. Sate whether you are under contract in								
		your employment, and conditions of separation:								
		Give details of other privileges you receive:								
	b)	Give accurate details of actual responsibilities in your present post:								

	c)	Have	you in any way done	any consultancy assignment?	If so, please give details:
		i)	Organization for wh	nich you have worked as cons	ultant:
		ii)	The nature of consu	ıltancy:	
4.			Colleges		Date
	Ment		gical order, distinctions	Name of Headmaster or Principal	(Month & Year) From TO
5.	(a)			ational, professional or tec with particulars of examinat	
	(b)	Nam	e Professional Associa	tions of which you are a men	nber:

Knowledge of	Language	es:			Knowledge of Languages:									
T	Rea		Wı	rite	Sp	eak	Unde	rstand						
Languages	Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily						
For Clerical gr	rades only	indicate :	speed in	words pe	1	Other Lang	uages							
For Clerical gr	rades only		speed in		1	Other Lang	uages							
	rades only		speed in		1	Other Lang	uages							
Typing		English		French	1	Other Lang	uages							

9.	-	Do you suffer from any physical impairment or permanent illness? If so, give details:					
		give details.					
10.	Have	you ever been convicted or charged in a court of law? YES/NO:					
	(a)	Offence for which convicted:					
	(b)	Date and Place of Conviction:					
	(c)	Sentence imposed:					
		The face of any applicant declaring that he has been convicted of any offence will not necessarily debar him from employment in the Organization. Each case will be considered on its own merits having regard to the nature and the circumstances of the offence.					
11.		eby certify that I do not suffer from any pecuniary embarrassment. (if, however, you affer from pecuniary embarrassment you must give particulars):					
12.		tify that the above information is true and accurate to the best of my knowledge and false information renders this application null and void.					
		 (Signature of Applicant)					

PERSONAL REFERENCES:

charac	cter and qualifications:				
1)	Name:				
	Address:				
	Occupation:				
	Period during which he has known you:				
2)	Name:				
	Address:				
	Occupation:				
	Period during which he has known you:				
	(PLEASE USE BLOCK CAPITALS)				
Date:					
	(Signature of Applicant)				

Give two names and address of persons not related to you, who are familiar with your