

P.O. Box 41  
KIUNGA W.P. 335,  
Papua New Guinea

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## **APPLICATION FOR EMPLOYMENT**

### **Personal Particulars**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth (if known) \_\_\_\_\_

**Marital status** [circle one]; Married, Single, Engaged, Divorced, Widow,

If married, name of your wife/husband: \_\_\_\_\_

His/Her occupation \_\_\_\_\_

Is your Spouse willing to stay at your work place? Yes / No.

If not, please give reasons: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_.

If married, number of children: \_\_\_\_\_ and their ages;

1 Name: \_\_\_\_\_ M /F, Age: \_\_\_\_\_ School: Grade \_\_\_\_\_

2 Name: \_\_\_\_\_ M /F, Age: \_\_\_\_\_ School: Grade \_\_\_\_\_

3 Name: \_\_\_\_\_ M /F, Age: \_\_\_\_\_ School: Grade \_\_\_\_\_

4 Name: \_\_\_\_\_ M /F, Age: \_\_\_\_\_ School: Grade \_\_\_\_\_

*Home Address:*

Village \_\_\_\_\_

*Present address for contact:*

\_\_\_\_\_

District: \_\_\_\_\_

\_\_\_\_\_

Province: \_\_\_\_\_

\_\_\_\_\_

Phone: ..... Fax: ..... Mobile Phone: .....

### **Education.**

Name of high school attended: \_\_\_\_\_

Highest Grade reached.....10....11...12. [Please attach copy of your certificate]

Name of Tertiary Education Institution attended: \_\_\_\_\_

Qualifications (Basic and Post graduate): \_\_\_\_\_

### **Employment and Work Experiences**

**Current Status:** Employed. Unemployed. Part time worker.

**Are you registered this year?** Yes / No / Not Applicable

List your past employment history below:

	<b>Institution</b>	<b>Years worked</b>	<b>Position/ Responsibilities</b>
1			
2			
3			
4			
5			

# Evangelical Church of PAPUA NEW GUINEA Health Services- North Fly

If you are currently employed, is your employer happy to release you? Yes / No  
Will you be happy to go to the centres where the selection committee posts you?  
[ Remember this includes outstation Health Centres and Aid Posts] Yes / No.

Have you ever been suspended or dismissed from employment? Yes / No..  
If yes, please explain briefly why? \_\_\_\_\_

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Do you or your spouse drink alcoholic drinks, smoke or chew betel nuts? \_\_\_\_\_

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## **Religious Belief**

Do you believe in Jesus as Lord, and are you trying to live for Him? Yes / No.  
Have you been Baptized in a church? If yes, which church? \_\_\_\_\_  
Can you tell us about your Christian life and what does being a Christian mean to you?

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Do you take part in church activities? If yes, what do you do? \_\_\_\_\_

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Do you and your family understand that this is a Christian Health Services run by the ECPNG and do you agree to live by it's principles and conditions of employment? Yes / No

**Sign (Applicant):**..... **(Spouse):**..... **Date:**...../...../.....

*Return the completed application form with:*

- 1 Your up-to-date Curriculum Vitae
- 2 Letter of reference from your current / previous employer if relevant
- 3 Letter of reference from your Pastor, Missionary, or a Church leader.
- 4 Copy of reference from your Tertiary Institution Principal/ Dean
- 5 Copies of necessary documents eg Certificates from High School and tertiary education (Nursing/ CHW Training School), Registration certificate and copy of registration receipt,
- 6 A summary of why you would like to work with ECPNG Health Services (minimum ½ A4 sheet)

To:-  
The Health Secretary / Director of Nursing Services  
ECPNG North Fly Health Services  
P.O. Box 41  
Kiunga 335  
North Fly  
Western Province.

Job Application Form 2013 version