MINISTRY OF HEALTH AND WELLNESS

Application Form for the Post of Incinerator Operator (Health Services)

SECTION A
(to be filled in by Applicant)

1. **Post applied for:** .....

2. **Date of advertisement:** .....

3. **Title:** Mr ☐ Mrs ☐ Miss ☐ *(Tick as appropriate)*

4. **Surname** *(in block letters):* .....

5. **Other names:** .....

6. **Maiden Name** *(if applicable)*: .....

7. **Date of Birth:** .....

8. **Age:** .....

9. **National Identity No.:** .....

10. **Telephone No.:** **Res:**.....

    Mobile: .....

11. **Residential Address** *(in block letters)*: .....

12. **Place of work:** .....

13. **Date joined service:**..... **as** .....

14. **Date transferred to Permanent and Pensionable Establishment:**.....

15. **Present Job Title:** .....

16. **Date of Present Appointment:** .....

17. **Previous Appointment held in the Government Service and Capacity:**

Appointment	*From*	*To*	*Ministry/Department*

18. **Educational Qualifications:**

(a) **Detailed Results**

C.P.E/PSLC/PSAC Year.....		*Cambridge S.C/Cambridge G.C.E/London G.C.E 'O' Level Year.....*		*Cambridge H.S.C/Cambridge G.C.E/London G.C.E 'A' Level Year.....*	
Subjects	***Grade***	***Subjects***	***Grade***	***Subjects***	***Grade***

Note: *Please attach copies of birth and educational certificates.*

(b) **Other Qualifications relevant to the post applied for (attach documentary evidence)**

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19. **Any experience relevant to the post applied for (attach documentary evidence of experience claimed):**

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.....

20. (a) **Have you been the subject of an investigation/enquiry for any offence during the last 10 years?**

Answer Yes or No .....

If Yes, indicate nature of offence and date of outcome.

.....

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(b) **Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?**

Answer Yes or No .....

If Yes, give details (court, charge, date of judgement and sentence – e.g. imprisonment, fine, caution or conditional discharge):-

.....

.....

Date: ....

Signature of Applicant

SECTION B

(to be filled in by Head of Division/Section/Unit concerned)

(i) Statement of sick leave taken, leave without pay and unauthorised absences:

Year	Sick Leave Taken	Leave without pay	Unauthorised absences
2023			
2024			
2025			
2026 till date			

(ii) Report on applicant:

Work: ..... Conduct: .....Attendance: .....

(iii) Comments, if any, on experience claimed and any other remarks:

.....

.....

Date: .....

.....

Signature

Name (in full): .....

Post Held: .....

Stamp of Ministry

SECTION C

(To be filled by an officer not below the rank of Human Resource Executive in the Human Resource Section of the Regional Hospital where the applicant is posted)

(i) Whether officer has been subject to disciplinary action for the past ten years. If in the affirmative, please give details:

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(ii) Whether the officer was / or is subject to police enquiry for any offence. If in the affirmative, please give details:

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(iii) Overall Score of Performance obtained according to the Performance Appraisal Form during the past 3 years:

Year	*Rating*	*Year*	*Rating*	*Year*	*Rating*
2023/2024		*2024/2025*		*2025/2026*	

I certify that particulars under Section A, B and C have been verified and found correct.

Date: .....

.....
Signature

Name (in full): .....

Designation: .....

[*Stamp of Ministry*]