INNOVATIVE UNIVERSITY OF ENGA

PO Box 387, WABAG, Enga Province, Papua New Guinea

Email: recruitment@gmail.com

Phone: 70877240 | www.iue.ac.pg

Human Resources Division

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE IN FULL IN BLOCK LETTERS USING BLACK OR BLUE INK OR IN TYPESCRIPT

POSITIONS APPLIED FOR		REFERENCE NUMBER
NAME: Surname Name / Given Name (s)		☐ MALE ☐ FEMALE
NAME AT BIRTH (if different)		ANY OTHER NAMES USED
DATE OF BIRTH	PLACE OF BIRTH	DISTRICT/CITY / PROVINCE/STATE / COUNTRY
CITIZENSHIP	If naturalised Citizen, Nationality at birth:	
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED	
If married	Date of Marriage / Attach Marriage Certificate ☐Yes ☐No	Spouse's Employer / Name of Spouse:

HAVE YOU ANY CHILDREN? If yes, give details below

NAME	MALE/FEMALE	DATE OF BIRTH

PERMANENT ADDRESS		TELEPHONE No: MOBILE No:
PRESENT ADDRESS (if Different)		TELEPHONE No: MOBILE No:
FULL POSTAL ADDRESS OF PRESENT RESIDENCE		DATES From: To:

EDUCATION

SECONDARY EDUCATION			
SCHOOL	YEAR PASSED	QUALIFICATION ATTAINMENT	COPY ATTACHED

TERTIARY EDUCATION				
UNIVERSITY / INSTITUTION / COLLEGE	PROGRAM	DURATION	QUALIFICATION OBTAINED	COPY ATTACHED

PUBLICATIONS	
PRIZES, SCHOLARSHIPS, etc	
MEMBERSHIP OF LEARNED SOCITIES OR INSTITUTES (Give date of admission and level of membership)	

EMPLOYMENT RECORD

PRESENT POSITION OR LATEST POSITION HELD		DESCRIPTION OF WORK, INCLUDING SUPERVISORY DUTIES
Name and Address of Employer		
Title of Job		
Period		
Present Salary: If on Salary Range, please state range: ……		

PREVIOUS POSITION HELD - in chronological order beginning from the recent job.		
Name and Address of Employer		
Title of Job		
Period		

Name and Address of Employer		
Title of Job		
Period		

Name and Address of employer		
Title Of Job		
Period		

Name and Address of Employer		
Title of Job		
Period		

Have you been convicted of an offence? If YES, give details.

☐ NO

☐ YES

Are you currently undertaking study/training? (tick one) □ Yes □ No Course/program

Name:

(a) Full-time ☐ (b) Part-time ☐ (c) Distance ☐ (d) Other ☐

REFERENCES Please provide details of three people who can speak on your behalf regarding your work history. Before nominating them, you should have their permission to give their names. We will wish to approach referees before interview. If, however, an approach to any particular referee is inconvenient at present, please indicate: * Clarify at the bottom of the last page. (Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Name	Contact Number	Position Held/Working Relationship (e.g. supervisor)	Office Use Check (Initial/Date)

Do you agree to have referees contacted in relation to this application? ☐ Yes ☐ No (tick one)

DECLARATION		
I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with the Innovative University of Enga. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.		
SIGNATURE: Date:		**Note: Signature has to be printed. Proxy signature is not accepted.**
OFFICE USE ONLY	Date Received …… Initials …… Register should all necessary documents attached: ……	(Authority Stamp)

CONFIDENTIAL: (For Office Use Only)

Reference Name	Comments: (below)	Would Re-Employ ☐ Yes ☐ No	HR Initial	Date

POLICE CHECK: ☐ Yes ☐ No

Comments:

OTHER ACTION:

Action	Human Resources Officer's Name	Date
Interview Arranged for / / 2024		
Offer of Employment Made		
Position:		
Acknowledgement Letter Sent:		
Letter of Offer Sent:		
Induction Due on / / 2024		
Payroll Details Entered:		
NOTES:		
Application Unsuccessful		
Application to be Destroyed on / / 2024		

APPROACH ON REFEREE CLARIFICATION BY APPLICANT: