

Attach passport size photo here

VACANCY APPLICATION FORM

Kindly note that only short listed candidates will be contacted for interviews.

Should you not receive any formal acknowledgement of your application from the Authority within 8 weeks of lodging your application, it is deemed to be unsuccessful.

We thank you for considering FRA as a potential employer and wish you well.

POSITION YOU ARE APPLYING FOR	
SUITABLE START DATE	
SALARY EXPECTATION (FJD)	

PERSONAL DETAILS				
Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Name	First Name	Middle Name(S)	Surname	
Address				
Contact for interview	Landline /Mobile ()	Email	Skype ID	
Date of Birth	Current employment status			
Citizenship				
Status	Married / De-Facto <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	
FNPF number	Tax number			
Driving License	Class(s)	Number		

MEDICAL INFORMATION	
<i>(This information is strictly confidential and will only be referred to in a medical emergency involving you).</i>	
Do you have any medical condition which may adversely affect your ability to perform this role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illness	
Allergies	
Blood Type	

Do you any criminal convictions or pending cases against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answered 'Yes', please provide details		

Are you related to any FRA Staff, Contractor, Sub-Contractor, Consultant or Board Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details.		
Name of Person & Designation	Relationship	
.....	
.....	
.....	
.....	

TERTIARY EDUCATION <i>(relevant to the position applied for and in order of highest qualification)</i>				
PROGRAMME / INSTITUTION	MAJOR	MINOR	DATE COMPLETED	GPA

Applicants must attach certified copies of all certificates and academic transcripts stated above.

OTHER RELEVANT TRAININGS / ACCREDITATIONS <i>(relevant to the position applied for)</i>		
PROGRAMME / INSTITUTION	INSTITUTION	YEAR

CONTINUING STUDIES

Are you currently pursuing further studies or intend to take up further studies?

Yes

No

If yes, please provide details.

EMPLOYMENT BACKGROUND *(In order of recent to the oldest)*

EMPLOYER	POSITION	DATES	REASON FOR LEAVING

MEMBERSHIPS WITH PROFESSIONAL BODIES *(relevant to the position applied for)*

Professional Body	Membership Number	Duration

COMMUNICATION						
ENGLISH – WRITTEN	Proficient	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Basic	<input type="checkbox"/>
ENGLISH – ORAL	Proficient	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Basic	<input type="checkbox"/>

Are you able to communicate in other languages? If yes, please state level of proficiency of written and oral skills.

COMPUTER LITERACY						
MS – OFFICE	Proficient	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Basic	<input type="checkbox"/>
What other softwares or applications can you use in relation to the role you have applied for? Please state proficiency level.						

RELEVANT WORK EXPERIENCE

Based on the scope of work to be performed for the role you have applied for, state your relevant work experience. **Do not include any work experience which is not relevant to this role.**

NAME AND ADDRESS OF 3 WORK RELATED REFEREES <i>(Must someone who you reported to and must not be related to the applicant)</i>			
	REFEREE 1	REFEREE 2	REFEREE 3
Name			
Position and Organization			
Capacity in which referee is known to applicant			
Immediate Phone Contact			
Email address			

CANDIDATE DECLARATION	
<p>I _____ declare that the information provided in this Form is true and correct. I understand that providing inaccurate, misleading, untrue statements or knowingly withholding information renders me liable for Summary Dismissal from FRA. I understand that this application does not constitute an offer of employment. I authorize the FRA to make any enquiries considered necessary to verify the information provided by me in this declaration.</p>	
<p>..... Signature</p>	<p>..... Date (dd/mm/yy)</p>

Attachments Checklist

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Passport Size Photo | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Detailed CV attached | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Certified copy of Birth Certificate | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Certified copy of Transcripts and certified copy of Certificates | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. Certified copy of FNPF card (if Fiji Citizen) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. Certified copy of TIN Registration Letter (if Fiji Citizen) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. Additional Pages utilized | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Applications are to be emailed to recruitment@fijiroads.org.

Subject of the email should be 'Vacancy: - State the position advertised'.

Late applications will not be considered. Only shortlisted candidates will be contacted.