

REPUBLIC OF RWANDA



PUBLIC SERVICE COMMISSION

P.O. BOX 6913 KIGALI

website: www.psc.gov.rw

e-mail: info@psc.gov.rw

Application form

I. PERSONAL INFORMATION

Name of the applicant:

Father's name:

Mother's name:

Address:

Province/Kigali City:

District:

Sector:

Phone Number:

E-mail address:

II. POSITION

Desired institution:

Position applied for:

MOTIVATION (Briefly explain why you are applying for this position)

III. EDUCATION

Name and address of School-Degree/Diploma-Graduation Date

N.B: Graduation date and Diploma/certificate registration number are useful for further verification. Please endeavour to fill the space.

1. University:

1. PhD:
2. Master:
3. Bachelor:

2. Secondary:

3. Awards: Degree/Diploma obtained:

1.

2.

3.

4.

4. Graduation date:

5. Awards: Degree/Diploma number

IV. Other trainings/Awards

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V. EMPLOYMENT HISTORY

Present /last position:

Employer:

Address:

Position held:

Period:

Responsibilities:

Previous position

Employer:

Address:

Position held:

Period:

Responsibilities:

N.B: *If you have any other relevant experience, please explain briefly on a separate sheet and attach it to this form.*

VI. REFERENCES

Names of referees /Title/Address and Telephone numbers

N.B: Referees must only be your previous/current Employers or your Higher Education teachers

1.

2.

3.

N.B: Before any appointment, only the successful candidates will be required to provide a notarized copy of the degree/ diploma, criminal record,, one passport photo and any other notarized copy of any training certificate.

I certify that information contained in this application is true and complete.
I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature:

Date:

For Official use only

Application form received by:..... Date

Short Listed Not Short Listed If not, reason(s).....
.....
.....
.....
.....

Checked by

Signature _____ Date _____