

THIS FORM IS NOT FOR SALE



PASSPORT PICTURE

THE ASSISTANCE CHIEF OF DEFENCE STTAF
PERSONNEL AND MILITARY SECRETARY
REPUBLIC OF SIERRA LEONE ARMED FORCES
MINISTRY OF DEFENCE
TOWER HILL

APPLICATION FOR RECRUITMENT INTO THE REPUBLIC OF SIERRA LEONE ARMED FORCES (RSLAF)			
PERSONAL INFORMATION			
		Date:	
Name:	Last	First	Middle
National ID Card Passport Number:			
Date of Birth		Place of Birth	
Gender		Marital Status:	
Present address:			
Number		Street	District
Telephone:			
e-mail:			

ENLISTMENT DESIRED

Employment Desired: OFFICER CADET RECRUIT

EDUCATION AND TRAINING

INSTITUTION	LOCATION	YEAR ATTENDED		QUALIFICATION
		From	To	

List Any Other skills and Technical Qualifications: Licenses, Training, awards:

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WORK EXPERINCE			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed give firm name. Attach additional sheets if necessary.			
Name of Employer: Address: Phone number:	Name of last supervisor	Employment dates	
		From:	To:
	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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.....			

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, who did?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL RECORD

Have you ever been convicted of a Felony or a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain number conviction (s), nature of offence (s) leading to conviction (s), how recently such offence(s) was (were) committed, sentence (s) imposed, and type (s) of rehabilitation.	
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NEXT OF KIN INFORMATION

Family Name:		
	First	Middle
Date of Birth:	Place of Birth	
Gender:	Relationship:	

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Present Address:		
Number	Street	District
Telephone:	e-mail:	
PROFESSIONAL REFERENCES (not personal)		
Please list below two persons related to you who have knowledge of your performance and /or personal character within the last 5 -10 years.		
Name:	Occupation	
Address:		
Telephone:	E – mail:	
Name:	Occupation	
Address:		
Telephone:	E – mail:	
DISCLAIMER AND SIGNATURE		
I hereby certify that the information contained in this application is true, complete and correct. I fully understand that any false information shall be grounds for immediate termination of my enlistment process and prosecution at any point in the future if I am recruited. I authorize the verification of any information listed above.		
Printed Name:Signature of Application: Date:		
FOR OFFICIAL USE ONLY (REGIONAL RECRUITING CENTRE)		
I have thoroughly scrutinized this Application form and found that the information recorded and the supporting documents are complete, correlated and correct. The following were observed (if any)		
.....		
Particulars of verifying Officer:		
Signature of verifying Officer:		Date:
FOR OFFICIAL USE ONLY (DIRECTORATE OF DEFENCE PERSONNEL AND RECRUITMENT)		
I have RECHECKED this Application Form and found that the recorded information and supporting documents are complete, correlated and correct. The following were observe (if any)		
.....		
Name of verifying Officer: Signature: Date:		


PK LAYHUN
Assistance Chief of Defence Staff Personnel and Military Secretary
National Recruiting Officer