

Confidential

P.S.C. Form 16 C



**REPUBLIC OF THE GAMBIA
THE GAMBIA CIVIL SERVICE
APPLICATION FOR CONTRACT APPOINTMENT
FOR POSTS IN CATEGORY I TO V**

Passport size
photograph

**PART I
(To be completed by applicant)**

PERSONAL INFORMATION										
No.	Particulars of Applicant									
1.	Name									
2.	Address for Correspondence									
3.	Contact: Phone / Mobile No.									
4.	Email address, if any									
5.	Date of Birth	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>Format (dd/mm/ year)</p>								
6.	Date of Retirement	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>Format (dd/mm/ year)</p>								
7.	Type of Retirement	<p>Statutory <input type="checkbox"/></p> <p>Voluntary <input type="checkbox"/></p> <p>Medical <input type="checkbox"/></p> <p>Marital <input type="checkbox"/></p> <p>Any other</p>								

8.	Last Ministry/Department served at date of retirement											
9.	Position held at date of retirement and Grade											
10.	Payroll No. (if any)											
11..	Position applied/recommended for;											
12.	Type of Contract	New <input type="checkbox"/> Extension <input type="checkbox"/>										
13.	If Contract is for Extension, please give date of first Contract Appointment	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Format (dd/mm/ year)										
14.	Other relevant information for sharing, if any											

PART II

15. PERFORMANCE RATING BY HEAD OF DEPARTMENT FOR BOTH NEW AND CONTRACT EXTENSION

15a. Please list any special job accomplishments, awards, or recognitions in favor of the recommended Officer within the last one year:

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.....

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.....

15b. Please indicate number of job related assignments successfully undertaken by the recommended Officer as a team member or an individual within the past twelve months (Please provide evidence)

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.....

15c. Clearly outline the positive outcome of the assignment(s) under schedule 15b

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.....
.....

15d. Please indicate the timeliness or otherwise of the assignment referred to under schedule 15b

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.....
.....

15e. What is the overall assessment of the recommended Officer's performance for the past six months

(Please tick)

1. Performance exceeds expectations
2. Performance fully meets the expectations
3. Performance not fully up to requirement, some improvement necessary
4. Performance below expectations

15f. Any other additional information in support of your recommendation.

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.....
.....
16. DECLARATION BY HEAD OF DEPARTMENT

I. Declaration:

- (a) **The particulars I have given above are correct to the best of my knowledge.**
- (b) **The recommendation is in line with details of establishment and expenditure as outlined in the Estimates for the Budget year.....**

Date:

Signed:.....

PART III

For use of the Personnel Management Office Only

8. **CONFIRMATION BY THE PERSONNEL MANAGEMENT**

OFFICEI confirm that:-

- (c) **The particulars in Part I of the form are correct.**
- (d) **There are no objections on financial or establishment grounds to the vacancy being filled with effect from:.....**

Date:..... Signed for Permanent Secretary:.....

PART IV

FOR PUBLIC SERVICE COMMISSION USE ONLY

9. **Please tick appropriate box**

Approved

Not Approved

Deferred

Comments (If any)

Date:.....

Signed:.....

Chairman Public Service Commission