

MINISTRY EMPLOYMENT & SOCIAL AFFAIRS

VACANCY NOTIFICATION FORM

Vacancy Number:

Employer's Social Security Number:

Name of Organisation: -----

Nature of Business: -----

Address: -----

Phone:

Contact Person:----- Post:-----

VACANCY INFORMATION

Job Title/Occupation: -----

CONTRACT OF EMPLOYMENT

	Duration		Type
	Full-time		Fully Fledge
	Part-time		Trainee
	Casual		

NUMBER OF POSTS

NEW	REPLACEMENT	TOTAL

Starting Date: ----- Location of Employment:-----

BASIC WORKING CONDITIONS

Working hours:-----

Salary of the post:-----

Other Benefits:-----

<p><u>Summary of Main Duties</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

POSITION REQUIREMENTS

Educational Level:

Educational Level		Course/Field	E/D
P1-P6			
S1-S5			
Polytechnic			
Diploma			
Degree			
Other (Specify)			

Notes: E/D =Essential/Desirable

Experience/Special Knowledge and Skills:

Occupation	Yrs	Special knowledge & Skills	E/D