



PUBLIC SERVICE FORM 3(PSC 3)
(Revised 2008)

Attach coloured
passport size
photograph here

Note: Please study the form carefully before completing it.

APPLICATION FOR APPOINTMENT TO THE UGANDA PUBLIC SERVICE

(I)	In the case of serving officers to be completed in triplicate (original in own handwriting) and submitted through their Permanent Secretary/Responsible Officer	
(ii)	In the case of other, the form should be completed in triplicate (the original in own handwriting) and submitted direct to the relevant Service Commission.	
1. Post applied for and Reference Number		
2. (i) Full name (Surname first in capital letters) (ii) Date of birth	Postal Address	E-mail Address
3. Nationality Home District Sub-county Village	4. Are you a temporary or permanent resident in Uganda?	
5. Present Ministry/Local Government Department/Any other Employer		
6. Present post and date appointed to it		

(ii) Have you passed Uganda Advanced Certificate of Education Exams (UACE)? Indicate the year, subject and level of passes.

Year

Subject	Grade

12. Employment Record

Year Period	Position held/Designation	Employer i.e Name and Address

13. Have you ever been convicted on a criminal charge?

If so, give brief details including sentence imposed

N.B Conviction for a criminal offence will not necessarily prevent an applicant from being employed in the Public Service but giving of false information in that context is an offence.

14. How soon would you be available for appointment if selected?

State the minimum salary expectation

15. I hereby certify that to the best of my knowledge and belief, the particulars given in this form are true and complete in all respects.

Signature of Candidate Date

16. (i) In the case of applicants not already in Government Service, the names and addresses of two responsible persons(not relatives to whom reference can be made as regards character and ability and should be given here.

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(ii) In the case of applicants already in Government Service, the comments and recommendation as to the suitability for the post applied for of the Permanent Secretary/Responsible Officer be given here.

Name..... Title/Designation

Signature Date

In respect of Section 10 and 11 certified copies of documents or other evidence should be attached.

CONFIDENTIAL

PSC FORM NO 0094

TO BE COMPLETED
IN TRIPLICATED
(One copy to be retained by the Chief Administrative Officer)

**FORM FOR SELECTION, APPOINTMENT AND APPROVAL OF MEMBERS OF THE DISTRICT
SERVICE COMMISISON**

- (i) Read carefully before completing the form
- (ii) Duly completed forms should be submitted the Chairman, District Local Council

**SECTION ONE: PERSONAL DATE TO BE COMPLETED BY THE CANDIDATE
RECOMMENDED FOR APPROVAL**

Please: TYPE or WRITE USING CAPITAL LETTERS

- 1. SURNAME.....
- 2. OTHER NAMES
- 3. DATE OF BIRTH
- 4. SEX.....
- 5. NATIONALITY.....
- 6. HOME DISTRICT
- 7. DISTRICT OF RESIDENCE.....
- 8. MARITAL STATUS.....
- 9. MAILING ADDRESS.....

TELEPHONE CONTACT IF ANY:

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- 10. EDUCATION QUALIFICATIONS:
(State the highest level attained, date and institution)

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11. TRAINING UNDERTAKEN:
(State course, Dates and Institution)

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12. EMPLOYMENT RECORD

(a) State the last three posts held starting with the latest.

	POST	DATE	EMPLOYMENT/ORGANISATION
I)
II)
III)

I)

II)

III)

(b) If you have left employment indicate when and under what circumstances
(Tick whichever is applicable)

- I Voluntary retirement
- II Normal Retirement
- III Retirement on Medical ground
- IV Retrenchment/redundancy
- V Retirement in the public interest
- VI Dismissal
- VII Other (give brief details)

(c) If self-employed, brief state the nature of your activities

13. STATE ANY POSITION(S) OF RESPONSIBILITY YOU HAVE HELD OR ARE HOLDING IN SOCIETY.

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14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? IF THE ANSWER IS YES, GIVE BRIEF DETAILS.

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15. IF APPOINTED, HOW SOON WOULD YOU BE AVAILABLE TO TAKE UP YOUR DUTIES?

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SECTION TWO: TO BE COMPLETED BY CHAIRMAN DISTRICT LOCAL COUNCIL

16. POST FOR WHICH THE CANDIDATE HAS BEEN APPOINTED
(Tick whichever is applicable)

- (i) Chairman (ii) Member

17. STATE WHY THE CANDIDATE IS BEING RECOMMENDED AS IN 16 ABOVE
(If necessary, use additional paper)

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DECLARATION:

I declare that the foregoing information is true and correct to the best of my knowledge and belief

NAME.....DATE.....

SIGNATURE:

CHAIRMAN

DISTRICT:

OFFICIAL STAMP:

SECTION THREE FOR PUBLIC SERVICE COMMISSION USE ONLY
