

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:-----

