



Applicants for a Graduate Accountant position should complete this form

Preferred division **Audit / Business Services / Tax** (Circle one)

Preferred location of employment **Suva / Nadi** (Circle one)

When will you be available for employment? _____

Personal details

Name _____

Place and date of birth _____

Semester address (incl phone #) _____

Home address (incl phone #) _____

Mobile phone # _____

Email address _____

Country of citizenship _____

If not a Fiji citizen, do you have permanent residence Yes / No (circle one)

Education
Secondary

Secondary school attended _____

FSLC / FSFE results (if other exam, please specify) Year completed _____

| Subject | Mark | Subject | Mark |
|---------|------|---------|------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Positions of responsibility held at school

Academic record

Please provide details of units/papers undertaken and grades in chronological order (with year of completing all subjects including those not passed).

An original or certified copy of your transcript of results should accompany:

Year: _____

| Subject | Mark | Subject | Mark |
|----------------|-------------|----------------|-------------|
| | | | |
| | | | |
| | | | |

Year: _____

| Subject | Mark | Subject | Mark |
|----------------|-------------|----------------|-------------|
| | | | |
| | | | |
| | | | |

Year: _____

| Subject | Mark | Subject | Mark |
|----------------|-------------|----------------|-------------|
| | | | |
| | | | |
| | | | |

Results for other subjects or courses undertaken (please state year)

Other tertiary information

When do you expect to graduate? _____

Will you have completed all the relevant pre-requisites for admission for membership of the Fiji Institute of Accountants? **Yes / No** (circle one)

If "no" number of units remaining _____

Employment record

This information includes temporary and/or non-accounting employment during the last five (5) years:

| Dates of employment | Employer | Nature of employment |
|-------------------------------------------------------------------------------|-----------------|---------------------------------|
| University or college attended | _____ | Year _____ |
| Course/Programme | _____ | |
| Majors | _____ | |
| Expected completion date | _____ | GPA as at Semester 1 2016 _____ |
| Scholarship, academic awards and honours obtained (include years and details) | _____ _____ | |

General information

Community and recreational _____

Interests and activities _____

Societies, clubs memberships _____

Positions of responsibility held _____

since leaving school _____

Please answer "yes" or "no" to the following. Please attach additional details if your answer is yes.

- (a) Are you aware of any physical or intellectual impairment that would reasonably prevent you from performing the duties of the position?

- (b) Have you ever had any medical or surgical advice or treatment for a departure from good health that would reasonably prevent or inhibit you from performing the duties of the position?

- (c) Have you any commitments, beliefs or obligations which may infringe upon normal working commitments?

Graduate accountant application form

(d) Have you ever been charged or convicted of any offence or misdemeanour (other than minor traffic violations)?

(e) Other information which you may consider relevant to this application:
Attach references (if any) to the form

Signed

Date

Thank you for completing this form. All information provided will be treated as confidential.