FORM No: HR/EA

SHEESHA

Republic of Maldives

EMPLOYMENT APPLICATION

To be eligible for employment at SHEESHA, an application form for employment must be completed and signed. A resume cannot replace the employment application form.

1. EMPLOYMENT INT	EREST					
1. Position applying:						
2. Salary desired:	• •					
3. Area of interest :						
4. Proposed date of joi	ning:	Day: Month: Year:				
5. Attitude to work overtime if necessary		1 yes	2 No (circle	cle appropriate code)		
2. PERSONAL INFORM	MATION					
1. Name:						
2. Sex:	1 Male 2 Fe	male <i>(circle ap</i>	propriate code)		
3. Date of Birth / Age:		/ /	or	Years		
4. NIC /PP No:		(NIC - National Ider	ntity Card OR PP	- Passport)		
•	••••••••••	(NIC - National Identity Card OR PP - Passport)				
3. CONTACT INFORMA	TION					
3.1a. Permanent Ad	3.1b. Present Address (State if different from 5a.)					
House / Building	House / Building					
Road		Road				
Council /Island/City	Council /Is	land / City				
Country		Country	-			
Mobile:		Mobile:				
email:	••••••	email:				
3.2. Do you have any company? (circle appr 1. yes (specify who it is 3.3. How did you hea 1. Face book 2.ib 7. Please specify the specific that the specific tha	opriate code & If yes plead)ar ar about this position dey 3.Jobsicles 4	ase specify) 2. No ? (Please circle app		currently working in this 6. Refered by a friend		
3.4. Have you ever b		riminal offence	? (information o	n conviction record will not bar you from		
4.1. Last level completed		SI	ıbjects passed:			
(Circle appropriate code)	2. Grade / standard 1		., 2222 passes.			
	3. Advance Level		ıbjects passed:			
	4. Vocational certification	4. Vocational certificate Field of study:				
	5. High School Diploma or Equivalent					
	6. First Degree (BA, E	-	subjects:			
		level:	Field:			
	8. Others (specify)					

4.2. Computer Literacy:			
1. Certificate obtained:			
2. Level of certificate:			
5. EMPLOYMENT HISTORY			
		egin with the present or most rec	ent Employment.
1. Name & address of Emplo	yer:		
2. Telephone Number:	mol	bile	
	rom: To:		
4. Salary:	Ruf	iya	
5. Designation:		****	
6. Duration worked		••••	
7. Reason for Leaving:		••••	
5.2 Previous Job:			
 Name & address of Emplo 	yer:		
2. Telephone Number:	mo	bile	
3. Duration : Fr	rom: To:		
4. Salary:	Ruf	iya	
5. Designation:			
6. Duration worked			
7. Reason for Leaving:		••••	
May we contact your previous	ous employer(s)	••••	
Please include (2) Supervisors (and / or persons we may	v contact to verify your job performan	ce and qualifications. Do not
include relatives.			
Person 1:		Person 2:	
Name:		Name:	
Relationship		Relationship	
Organisation		Organisation	
Contact Number		Contact Number	
6. DECLARATION			
understand that I may be required verify any information provided by cause for rejection of my applicati	I to submit additional infor y me in the employment pronon. I understand and ag am applying. I also unders	mployment are true, correct and complete mation not requested on this application for complete information or cree that, if hired, my employment would be stand that any deliberate omission or erroufficient cause for termination.	orm, that the SHEESHA may omission of my signature is just be contingent upon conditions
Signature of Applicant		***************************************	Applied Date:
	7. INFORMATIO	N TO BE ENCLOSED / ATTACHED	
	1.	Passport size photograph	
	2.	Copy of national identity card & Driv	ing License
	3.	Copies of Education Certificates	
	4.	Curriculum vitae	
	5.	Police Report (Valid)	
FOR OFFICE USE ONLY			
Received By: (Name)			
Designation:			
Date:	/ /		
	, , ,		
Signature [.]			
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