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 INTEREST

1. Position applying:	
2. Salary desired:	
3. Area of interest :	
4. Proposed date of join	ng: Day: Month: Year:
5. Attitude to work over	me if necessary 1 yes 2 No (circle appropriate code)
2. PERSONAL INFORM	TION
1. Name :	
2. Sex :	1 Male 2 Female (circle appropriate code)
3. Date of Birth / Age:	/ / or Years
4. NIC /PP No:	(NIC - National Identity Card OR PP - Passport)

3. CONTACT INFORMATION

3.1a. Permanent Add	ress	3.1b. Present Address	(State if different from 5a.)
House / Building		House / Building	
Road		Road	
Council /Island/City		Council /Island / City	
Country		Country	
Mobile:		Mobile:	
email:		email:	

3.2. Do you have any relatives or members of your household / family currently working in this company? (*circle appropriate code & If yes please specify*)

3.3. How did you hear about this position? (Please circle appropriate code)

- 1. Face book 2.ibay 3.Jobsicles 4. Careermv 5.Sheesha Staff 6. Refered by a friend
- 7. Please specify the source below

3.4. Have you ever been convicted of a criminal offence? (information on conviction record will not bar you from

4.1. Last level completed:	1. Ordinary level	subjects passed:	
(Circle appropriate code)	2. Grade / standard 11 :		
	3. Advance Level	subjects passed:	
	4. Vocational certificate	Field of study:	
	5. High School Diploma or	Equivalent	
	6. First Degree (BA, BSc)	subjects:	
	7. Masters Degree leve	I: Field:	
	8. Others (specify)		

4.2. Computer Literacy:				
1. Certificate obtained:				
2. Level of certificate :				
5. EMPLOYMENT HISTO	DV			
5.1 Present job / Most		in bogin with the	arosont or most	recent Employment
1. Name & address of Em	• •	in, begin with the		recent Employment.
2. Telephone Number:	ipioyer.	mobile		
3. Duration :	From:	То:		
4. Salary:	FIOIII.	Rufiya		
		Kuliya		
 Designation: Duration worked 				
7. Reason for Leaving:				
5.2 Previous Job:				
	nloven			
1. Name & address of Em	ipioyer:			
2. Telephone Number:	F	mobile		
3. Duration :	From:	To:		
4. Salary:		Rufiya		
5. Designation:				
6. Duration worked				
7. Reason for Leaving:				
1. May we contact your pro		may contact to varify	wayr iab parfarm	ance and qualifications. Do not
include relatives.	is unu / or persons we	may contact to verify	your job perjorm	
Person 1:		Person 2:		
Name:		Name:		
Relationship		Relationship		
Organisation		Organisation		
Contact Number		Contact Numb	or	
		Contact Numb	ei	

6. DECLARATION

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit additional information not requested on this application form, that the SHEESHA may verify any information provided by me in the employment process and that incomplete information or omission of my signature is just cause for rejection of my application. I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any deliberate omission or erroneous information provided on my part, in any part of the employment process, would be sufficient cause for termination.

Signature of Applicant	Applied Date:		
7. INFORMATION TO BE ENCLOSED / ATTACHED			
	1. Passport size photograph		
	2. Copy of national identity card & Driving License		
	3. Copies of Education Certificates		
	4. Curriculum vitae		
	5. Police Report (Valid)		
FOR OFFICE USE ONLY			
Received By: (Name)			
Designation:			
Date:			
Signature:			