



Passport Size
Photograph

JOB APPLICATION FORM FOR EXPATRIATES

Application Submitting

Directly

Agency

Please fill all sections of this form in CAPITAL LETTERS.

EMPLOYMENT INTEREST			
Position:			
Grade:		Basic Salary:	

EMPLOYMENT INTEREST			
Personal Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
First Name:		Middle Name:	
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Marital Status:		Date of Birth:	DD/MM/YYYY
Passport Number:		Passport Expiry Date:	DD/MM/YYYY
Personal E-mail:			
Contact Number(s):			
Present Address:	Building Name:		
	Apartment / Floor No:		
	Street:		
	City / State:		
	Country:		
Permanent Address:	Building Name:		
	Apartment / Floor No:		
	Street:		
	City / State:		
	Country:		

EMERGENCY CONTACT INFORMATION			
Name:			
Address:			
Relationship:			
Contact Number:			

EDUCATION			
Secondary Education		Higher Secondary Education	
Subject	Grade	Subject	Grade

HIGHER EDUCATION	
Course Details:	
Institute / University:	
Date Acquired:	
Course Details:	
Institute / University:	
Date Acquired:	
Course Details:	
Institute / University:	
Date Acquired:	

OTHER TRAININGS	
Course Details:	
Institute / University:	
Date Acquired:	

Course Details:	
Institute / University:	
Date Acquired:	
Course Details:	
Institute / University:	
Date Acquired:	

EMPLOYMENT HISTORY		
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Company 1	Place:	
	Designation:	
	Work Detail:	
	Duration:	
	Last Drawn Salary:	
	Reason Resigned:	
Company 2	Place:	
	Designation:	
	Work Detail:	
	Duration:	
	Last Drawn Salary:	
	Reason Resigned:	
Company 3	Place:	
	Designation:	
	Work Detail:	
	Duration:	
	Last Drawn Salary:	
	Reason Resigned:	
Company 4	Place:	
	Designation:	
	Work Detail:	
	Duration:	
	Last Drawn Salary:	
	Reason Resigned:	

REFERENCE DETAILS		
Referee 1	Name:	
	Position:	
	Company Name:	
	Contact Number:	
	e-mail:	
Referee 2	Name:	
	Position:	
	Company Name:	
	Contact Number:	
	e-mail:	

BACKGROUND CHECK

1. Have you got any friends or family working in Addu Equatorial Hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
2. Have you worked in Maldives before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
3. Do you have any past or pending criminal conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
4. Are taking treatment for any illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
5. Have taken treatment for any illness for more than 2 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
6. Have you applied your document through any agencies before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
7. Are you pregnant? Applicable only for females.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

DECLARATION

I hereby declare that the above information stated is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or may subject to termination of employment.

Applicant's Name:

Signature:

Date

Local agency stamp, if applying through an agency.

DOCUMENT CHECKLIST

- Completed Application Form
- Curriculum Vitae
- Copy of Passport Biodata Page
- Copy of Academic Certificates
- Previous / Current Employer Reference Letter / Experience Letter
- Passport Size Photo (In Official Attire)
- Police Clearance Certificate (3 Months Validity)
- Pre-registration Slip (From Maldives Relevant Council)
- Certified English Language Certificate (O Level / A Level / IELTS / TEFL)

