

Passport size
photograph



Dr. Abdul Samad Memorial Hospital

G.Dh. Thinadhoo

Republic of Maldives

JOB APPLICATION FORM FOR EXPATRIATE

Application Submitting

Directly

Agency

Please fill all sections of this form in CAPITAL LETTERS

EMPLOYMENT INTEREST

Postion			
Grade		Basic Salary	

BASIC INFORMATION

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 no		Passport Expiry	DD/MM/YYYY
Personal email			
Contact No.			
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 no	

EMPLOYMENT HISTORY		
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	
	Duration	
	Last Drawn Salary	
	Reason Resigned	

REFERENCE DETAILS		
Referee 1	Name	
	Position	
	Company Name	
	Contact no	
	email	
Referee 2	Name	
	Position	
	Company Name	
	Contact no	
	email	

BACKGROUND CHECK

1. Have you got any friends or family working in this hospital (ASMH) ? Yes No

If yes, please specify _____

2. Have you worked in Maldives before? Yes No

If yes, please specify _____

3. Do you have any past or pending criminal conviction? Yes No

If yes, please specify _____

4. Are you taking treatment for any illness? Yes No

If yes, please specify _____

5. Have you taken treatment for any illness for more than 2 months ? Yes No

If yes, please specify _____

6. Have you applied your documents through any agencies before? Yes No

If yes, please specify _____

7. Are you pregnant? Applicable on for female Yes No

If yes, please specify _____

DECLARATION

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 I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or may subject to termination of employment.

Applicants Name _____

Signature _____

Date DD / MM / YYYY

Local Agency Stamp, if applying through agency

DOCUMENTS CHECK LIST

- | | |
|--|--------------------------|
| Completed application form | <input type="checkbox"/> |
| Curriculum vitae | <input type="checkbox"/> |
| Copy of passport bio data page | <input type="checkbox"/> |
| Copy of academic certificates | <input type="checkbox"/> |
| Previous / Current employer reference letter / Experience letter | <input type="checkbox"/> |
| Passport size photo (In official attire, white background) | <input type="checkbox"/> |
| Police clearance certificate (3 Months Validity) | <input type="checkbox"/> |
| Pre - Registration Form | <input type="checkbox"/> |
| Certified english language certificate (Olevel / A level / IELTS / TEFL) | <input type="checkbox"/> |