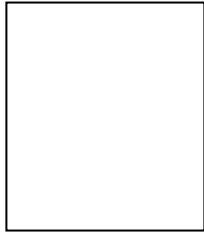


**JOB APPLICATION FORM FOR EXPATRIATE****Gan Regional Hospital**

Laamu Gan

Republic of Maldives



Please fill all sections of this form in CAPITAL LETTERS

EMPLOYMENT INTEREST			
Position			
Grade		Basic Salary	

BASIC INFORMATION			
Personal Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Frist Name		Middle Name	
Last Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	
Marital Status		Date of Birth	
Passport no		Passport Expiry	
Personal Email		Skype ID	
Contact No		Viber/WhatsApp 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	

EDUCATION

Secondary Education		Higher Secondary Education	
Subject	Grade	Subject	Grade
RELIGIOUS SUB.			
ARABIC SUB			
FOREIGN LANGUAGE			
MATHEMATICS			
PHYSICS			
CHEMISTRY			
BIOLOGY			
TOTAL MARKS			
SPECIAL LEVEL			

HIGHER EDUCATION

Courses Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	

Date Acquired	
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OTHER TRAINING	
Details	
Institute / University	
Date Acquired	
Details	
Institute / University	
Date Acquired	
Details	
Institute / University	
Date Acquired	

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	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	

REFERENCE DETAILS		
Reference 1	Name	
	Position	
	Company Name	
	Contact no	
	Email	
Reference 2	Name	
	Position	
	Company Name	
	Contact no	
	Email	

BACKGROUND CHECK

1. Have you got any friends or family working in Gan Regional Hospital?		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please specify			

2. Have you worked in Maldives before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify			

3. Do you have any past or pending criminal conviction?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify			

4. Are you taking any treatment for any illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify		
5. Have you taken treatment for any illness for more than 2 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify		
6. Have you applied your documents through any agencies before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify		
7. Are you pregnant? Applicable only female	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.

Applicant Name:

Signature:

Date:

<i>Local Agency Stamp, if applying through agency</i>

DOCUMENTS CHECK LIST

- | | |
|---------------------------------------------------------------------------|--------------------------|
| Completed Application form | <input type="checkbox"/> |
| Curriculum Vitae | <input type="checkbox"/> |
| Copy of Passport bio data page and address 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) | <input type="checkbox"/> |
| Police clearance certificate (3 Months Validity) | <input type="checkbox"/> |
| Pre – Registration Slip (From Maldives relevant council) | <input type="checkbox"/> |
| Certified English language certificate (O level / A level / IELTS / TEFL) | <input type="checkbox"/> |