Passport size photograph



Ministry of Health Male Republic of Maldives

JOB APPLICATION FORM FOR EXPATRIATE

Application Submitting Directly

Please fill all sec	tions of this form in CAPITAL LETT	ERS	Agency
	EMPLOY	MENT INTEREST	
Postion			
Grade		Basic Salary	
	BASIC	INFORMATION	
Personal Title	Mr	Mrs	Ms
First Name		Middle Name	
Last Name			
Gender	Male Female	Age	
Marital Status		Date of Birth	DD/MM/YYYY
Passport no		Passport Expairy	DD/MM/YYYY
Personal email		Skype ID:	
Contact No.		Viber No/Whats up	pp No:
Present	Building Name		
Address	Apartment / Floor no		
	Street		
	City / State		
	Country		
Permanent	Building Name		
Address	Apartment / Floor no		
	Street		
	City / State		
	Country		
	EMERGENCY CO	ONTACT INFORMATION	
Name			
Address			
Relationship			
Contact no			

	EDU	CATION	
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	
Details			
Institute / University			
Date Acquired			
Details			
Institute / University			
Date Acquired			
Details			
Institute / University			
Date Acquired			

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	

EMPLOYMENT HISTORY

BACKGROUND CHECK								
1. Have you got any frien	ds or family working in Ministry of Health?	Yes	No 🗌					
If yes, please specify								
2. Have you worked in M	aldives before?	Yes	No					
If yes, please specify								
3. Do you have any past of	or pending criminal conviction?	Yes	No					
If yes, please specify								
4. Are you taking treatme	ent for any illness?	Yes	No					
If yes, please specify								
5. Have you taken treatm	nent for any illness for more than 2 months?	Yes	No					
If yes, please specify								
6. Have you applied your	documents throught any agencies before?	Yes	No					
If yes, please specify								
7. Are you pregnant? App	olicable on for female	Yes	No					
If yes, please specify								
			DECLARATION					
	DECLARATION							
	ove information stated is true. I understand the							
			nation of employment.					
	ove information stated is true. I understand the							
of untrue or misleading i	ove information stated is true. I understand the		nation of employment. Local Agency Stamp, if applying					
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