

Passport size  
photograph



Ministry of Health  
Male  
Republic of Maldives

**JOB APPLICATION FORM FOR EXPATRIATE**

**Application Submitting**

Directly

Agency

Please fill all sections of this form in CAPITAL LETTERS

Aeonian Maldives Pvt Ltd

**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	

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	
Course Details	
Institute / University	
Date Acquired	

OTHER TRAININGS	
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	
	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 Ministry of Health? 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*

**Aeonian Maldives**

### DOCUMENTS CHECK LIST

- Completed application form
- Curriculum vitae
- Copy of passport bio data 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 (Olevel / A level / IELTS / TEFL)