

Employee
Passport
Photograph

EMPLOYMENT FORM

PERSONAL INFORMATION		
Full Name:	Gender:	
Date of Birth:		
Home Address:		
		one Number:
E-mail Address		Religion:
Marital Status	Mod	le of Identification:
Next of Kin Name:		
Relationship of Next of Kin:		Telephone of Next of Kin:
EDUCATION BACKGROUND		
Primary:		Year Graduated:
Secondary School:	////	Year Graduated
Tertiary Education:		Year Graduated
Certificate Obtained :		Special Skill:
EMPLOYMENT RECORDS:		
Company Name:		
Position:	from	to:
Company Name		
Position	from	to:
EMERGENCY DETAILS		
Name:		
Address		
Phone Number:		Relationtion
JOB INFORMATION		
Job Position:		
Note: 5days out of 7 days one w		

MONDAY - SATURDAY 10am to 5pm SUNDAY 12noon to 4pm

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I here by certified that the above information in true and correct to the best of my knowledge and belief I also understand that any misinterpretation will be considered reason for withdrawal of an offer or subsequent dismissal of employed.
Employee's Signature
LEGAL AGREEMENT If I'm in possession of any of the company property and it got missing or damaged I should be held responsible for repairing or replacement of the company property
Employee's Signature
OFFICIAL USE ONLY: Employee has provided the listed document and above information 2 Passport Photographs Mode of Identification School Certificate CEO Signature
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