

CEB (FACILITIES) CO LTD APPLICATION FORM

POST APPLIED:

Surname	First name	Maiden Name
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Present residence	Telephone No. Home: Office: Mobile No.:
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Date of Birth (day, month, year)	National Identity Number Age:	E-mail (if any)
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
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Computer Skills Excellent Good Fair Slight

Briefly indicate the computer packages with which you are familiar

Driving license: Yes No

Education

PLEASE ENCLOSE COPIES OF CERTIFICATES WITH THIS FORM

University or equivalent. State whether through distance learning or by following full-time/part-time course. *Delete whichever is not applicable.*

Name and place	<u>Years attended</u>		Degrees and academic distinctions obtained	Main subjects
	From	To		

Schools or other formal education or training (e.g. secondary school, technical school or apprenticeship)

Name and place	<u>Years attended</u>		Certificates, diplomas obtained	Subjects & Grades
	From	To		

EMPLOYMENT RECORD Starting with your present or most recent post, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. PLEASE NOTE THAT, BEFORE ANY OFFER OF APPOINTMENT IS MADE TO YOU, CEB MAY CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS FOR WORK REFERENCES.

Dates		Exact title of your post	Salary per annum	
From	To		Starting	
Name of Superior			Final	
Name of employer		Type of business		
Address of employer		Number and grades of employees supervised by you		
Telephone		Reason for leaving, if applicable		

DESCRIPTION OF YOUR WORK

Dates		Exact title of your post	Salary per annum	
From	To		Starting	
Name of Superior			Final	
Name of employer		Type of business		
Address of employer		Number and grade of employees supervised by you		
Telephone		Reason for leaving, if applicable		

DESCRIPTION OF YOUR WORK

*Attach additional sheets if required.

List membership of any professional societies and activities in civil, public or international affairs.

Have you any dependants ? Yes No If answer is "Yes" give the following information

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

Legal convictions (include all convictions other than those for minor violations of road traffic regulations)

Charge	Date	Where tried	Conviction

State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes etc. Also state any disability that might limit your field of work. Final appointment will be subject to a physical examination.

NAME OF REFEREES

Please give the name and contact details of 2 referees:-

1. Name:	2. Name:
Company:	Company:
Address:	Address:
.....
Telephone:	Telephone:

PLEASE NOTE THAT IN EVALUATING YOUR APPLICATION CEB RESERVES THE RIGHT TO CONTACT YOUR PREVIOUS EMPLOYER(S) FOR REFERENCES. IT IS NOT OUR POLICY TO CONTACT YOUR PRESENT EMPLOYER AT THE EVALUATION STAGE EXCEPT WITH YOUR EXPRESS AUTHORISATION.

Do you have any objection to our making enquiries with your present employer? Yes No

PLEASE NOTE, HOWEVER, THAT BEFORE MAKING AN OFFER OF EMPLOYMENT CEB MAY CONTACT BOTH YOUR PRESENT AND PREVIOUS EMPLOYERS.

I certify that the information given on this form is true, complete and correct to the best of my knowledge and belief. I understand that any false statement or any material information that is withheld from this form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appointment has been accepted.

Date :

Signature:

Completed form together with any other documents should be addressed to:

**The Human Resources Manager
Central Electricity Board
Corporate Office
P.O.Box 134
Rue du Savoir
Cyber City
Ebene**