



# S.M.I. INDUSTRIES LTD

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL: \_\_\_\_\_ PLEA PASSPORT #: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NO.OF DEPENDANTS \_\_\_\_\_

RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

BIR # \_\_\_\_\_ NIS# \_\_\_\_\_

TYPE OF LICENCE: \_\_\_\_\_ ID/PP/DP #: \_\_\_\_\_

ARE YOU PREPARED TO WORK ON A 3 MONTHS PROBATION? YES ☐ NO ☐

ARE YOU PREPARED TO WEAR UNIFORM? YES ☐ NO ☐

### EDUCATION

NAME OF SCHOOL	FROM	TO	CLASS OR GRADE REACHED	CERTIFICATES OBTAINED

OTHER COURSES: \_\_\_\_\_

SPORTS OR OTHER ACTIVITIES: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	FROM	TO	POSITION HELD	SALARY	REASON FOR LEAVING

POSITION DESIRED: \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_

REASON FOR THE DESIRED POSITION \_\_\_\_\_

WHEN CAN YOU START WORK? \_\_\_\_\_

### MEDICAL HISTORY

NAME OF PHYSICIAN : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WHEN WAS YOUR LAST VISIT: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

HAVE YOU ANY PROLONGED ILLNESS: \_\_\_\_\_

HAVE YOU ANY CONTAGIOUS DISEASES: \_\_\_\_\_

ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION : \_\_\_\_\_

ARE YOU PREPARED TO UNDERGO A DRUG TEST: \_\_\_\_\_

### REFERENCES

PLEASE NAME THREE(3) REFERENCES OTHER THAN RELATIVES OR CASUAL ACQUAINTANCES

NAME	ADDRESS	OCCUPATION	CONTACT:

SIGNATURE OF APPLICANT \_\_\_\_\_

YOU ARE REQUIRED TO WORK FOR ONE WEEK INSIDE PRIOR TO RECEIVING SALARY

### OFFICIAL USE ONLY

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

POSITION GRANTED \_\_\_\_\_ SALARY \_\_\_\_\_

PROBATION PERIOD \_\_\_\_\_