

Passport size
photograph



Ministry of Health
Male
Republic of Maldives

JOB APPLICATION FORM FOR EXPATRIATE

Please fill all sections of this form in CAPITAL LETTERS

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	

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 understand that the Ministry of Health DO NOT take any fees during the process of negotiation, offer of acceptance and employment period from any applicant with regard to employment opportunities. And any communication regarding recruitment during the recruitment process with an outside party is not allowed. And I am also informed that any such activities are illegal within the government sector therefore, Ministry of Health shall be informed of any such activities.

I hereby declare that all information stated in this form is true. I understand that any job offer made on the basis untrue or misleading information and any illegal activities may be withdrawn or may be subject to termination.

Applicants Name:

Signature:

Date:

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)

Certified English language certificate (O level / A level / IELTS / TEFL/OET)

<input type="checkbox"/>
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