

For Office Use Only Certification	
Approved	<input type="checkbox"/>
Disapproved	<input type="checkbox"/>
Contingent	<input type="checkbox"/>



**CONFIDENTIAL**

**APPLICATION FOR EMPLOYMENT**

passport size photograph	Name of Applicant	
	Position Applied For	
	Date	

## Section A – PERSONAL

Please tick in the appropriate boxes when necessary.

First Name	Middle Name	Last Name
Correspondence Address		Date of Birth (dd/mm/yyyy)
		Identification No.
		Home Phone No.
Permanent Address		Mobile Phone No.
		Work Place No.
		Email Address
Marital Status :                      Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Have you ever worked at HDC? If Yes, when? Reason for leaving?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for employment at HDC previously? If Yes, what position in which Department did you apply for?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any relatives presently working at HDC? If Yes, state name, relationship, and department where your relative works		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick if you have license to drive any of the following. (Copy of driving license should be submitted with the application form)		
Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other <input type="checkbox"/> Please specify		
Please describe any Hobbies you have		

## Section B – EDUCATION

Please list your qualifications in the descending order (Last obtained qualification should be stated first). All Certificates must be accredited. Copies of all attested Certificates should be attached to this application form.

Mark highest level completed:	Ordinary Level <input type="checkbox"/>	Advanced Level <input type="checkbox"/>	Diploma/Cert. <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctoral <input type="checkbox"/>
Institute Attended	Qualification	Results Achieved	Duration of Study			
			From	To		
Name						
Atoll/State/County	Country					
Name						
Atoll/State/County	Country					
Name						
Atoll/State/County	Country					
Name						
Atoll/State/County	Country					

## Section C – OTHER QUALIFICATIONS AND SKILLS

Please fill this section if it is applicable to you. Please list any job-related training courses, job related honors, awards and special accomplishments (leadership activities, performance awards, etc). Please Tick any general skills that you have acquired in the boxes provided

Institute Attended / Country	Title of Training / Award received	General Skills	Poor	Fair	Excellent
		• Drafting Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• Microsoft Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• Basic Computing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• Graphic Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• Hardware Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section D – EMPLOYMENT**

Please list your employment history in the descending order (Most recent employment should be stated first). If any reference was provided by your previous employees, please attach the copies of such letters with this form

Job title		Describe your duties and accomplishments
From (mm/yyyy)	To (mm/yyyy)	
Employer's name and address		
Job title		Describe your duties and accomplishments
From (mm/yyyy)	To (mm/yyyy)	
Employer's name and address		
Job title		Describe your duties and accomplishments
From (mm/yyyy)	To (mm/yyyy)	
Employer's name and address		
Job title		Describe your duties and accomplishments
From (mm/yyyy)	To (mm/yyyy)	
Employer's name and address		

**Section E – REFERENCE**

Please provide at least two referees

Name	Company	Relationship	Contact No.

**Section F – APPLICANT'S DECLARATION**

As an applicant for employment at Housing Development Corporation, I understand and agree that failure to answer all questions on this application form and/or providing false information herein may be cause for denial of employment or dismissal in the event of employment. Additionally, by my submission of this employment application form, I authorize the release of information regarding my education, background and work history to be used in determining my qualifications and suitability for employment at Housing Development Corporation.

Signature	Date (dd/mm/yyyy)
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