|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| SENKADAGALA FINANCE PLC | | | | | | | | | |
| **EMPLOYMENT APPLICATION FORM** | | | | | | | | | |
|  | | | | | | | | | |
| POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CV SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| **Personal Details** | | | | | | | | | |
| **Name with initials (Mr/Mrs/Miss)** | | | | | **Name indicated by initials (Underline the calling Name)** | | | | |
| **Address (Permanent Residence)** | | | | | **Address (Temporary Residence)** | | | | |
| **Telephone No.** | | | | | **Telephone No.** | | | | |
| **Date of Birth:** | | **Age:** | | **National ID No:** | | | | **Marital Status:** | |
|  | |  | |  | | | |  | |
| **Family Details** | | | | | | | | | |
| **Name** | | | | | **Occupation / Place of work** | | | | |
| **Mother** |  | | | |  | | | | |
| **Father** |  | | | |  | | | | |
| **Spouse** |  | | | |  | | | | |
| **Brother(s) / Sister(s) / Children** |  | | | |  | | | | |
|
|
| **Educational / Higher Educational Qualifications (including Degree)** | | | | | | | | | |
| **From** | **To** | **School** | | | **Examination** | | **Result** | | |
|  |  |  | | |  | |  | | |
|  |  |  | | |  | |  | | |
|  |  |  | | |  | |  | | |
|  |  |  | | |  | |  | | |
| **Professional Qualifications** | | | | | | | | | |
| **From** | **To** | **Institute** | | | **Qualification** | | **Result** | | |
|  |  |  | | |  | |  | | |
|  |  |  | | |  | |  | | |
|  |  |  | | |  | |  | | |
| **Employment History** | | | | | | | | | |
| **Employer** | | **Period** | | **Last Designation** | | **Salary** | **Report to Whom** | | |
|  | |  | |  | |  |  | | |
|  | |  | |  | |  |  | | |
|  | |  | |  | |  |  | | |
|  | |  | |  | |  |  | | |
|  | |  | |  | |  |  | | |
| **Training Programmes / Seminars / Workshop attended** | | | | | | | | | |
|  | | | | | | | | | |
|
|
|
|
|
|
| **Any Other Achievements** | | | | | | | | | |
|  | | | | | | | | | |
|
|
|
|
|
|
| **Referees** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Other Information** | | | | | | | | | |
| Have you applied for a job at Senkadagala Finance in last 12 months? If yes, give details. (Position applied for, Period etc.) | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Do you have any friends or relatives working at Senkadagala Finance? If yes, please state name and relationship. | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Have you ever been convicted or pleaded guilty in a court of law to any crime / offences? | | | | | | | |  |  |
| Are there any court cases / labour tribunal / disciplinary inquiry pending against you? If yes, give details | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Have you ever faced disciplinary action in employment resulting in dismissal or suspension from work? | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Do you suffer from any continuous/ critical illnesses/ terminal illness leading to a surgeries or otherwise? If yes, give details. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Sport achievements | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| I confirm that the above information are true and correct to the best of my knowledge. I am aware that in the event of this information being found factually / incorrect, my application subject to reject or I am liable to be immediately dismissed while in employment. | | | | | | | | | |
|
|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |