

## APPLICATION FOR EMPLOYMENT

**PLEASE READ THESE INSTRUCTIONS CAREFULLY.**

1. This form is to be completed in BLOCK LETTERS and returned to the Human Resource Department, on or before the due date specified in the advertisement, where applicable.
2. Do not leave any item blank. If it is not applicable to you, indicate 'N.A.'.
3. The following should be submitted along with this form:
  - Cover Letter & Curriculum Vitae
  - Educational Certificates
  - Documents of previous / current employment
  - ID Card Copy
4. False particulars or willful suppression of material facts will render you liable to disqualification, or if appointed, to dismissal and/or appropriate legal proceedings.
5. MACL will not disclose the reasons for the non-selection of candidates.

<b>A. APPLIED POSITION:</b>					Department / Section:
<b>B. PERSONAL INFORMATION</b>	Dr. ( ) Mr. ( ) Mrs. ( ) Miss ( )	National ID / Passport No.:		Gender: Male ( ) Female ( )	
	Full Name:				Nationality:
	D.O.B:	Age:	Place of Birth:		Religion:
	Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )			Blood Group:	Race:
<b>C. ADDRESS AND CONTACT DETAILS</b>	Permanent Address:		City / Island:		
	Current Address:		City / Island:		
	Mobile No.:	Home No.:	Email Address:		
<b>D. WORK PERMIT &amp; VISA (for expatriates)</b>	Work Permit No.:	Date of Issue:		Expiry Date:	
<b>E. EMERGENCY CONTACT / NEXT OF KIN</b>	* If exempted, state reasons for exemption:				
	Name:			Relationship:	
	National ID / Passport No.:		D.O.B:	Nationality:	
	Home Address:			Contact No.:	
<b>F. PARTICULARS OF YOUR SPOUSE &amp; CHILDREN / IMMEDIATE FAMILY</b>	<b>Name</b>	<b>National ID / Passport No.</b>	<b>Gender</b>	<b>D.O.B</b>	<b>Relationship</b>

**G. EDUCATIONAL / QUALIFICATIONS**

• **Tick Highest Grade Completed**

**i. Primary School:**

<b>Grade:</b> 4 5 6 7 8 9 10	School Name:	Country / City:	Year of Completion:
------------------------------	--------------	-----------------	---------------------

**ii. Higher Secondary School:**

<b>Grade:</b> 11 12	School Name:	Country / City:	Year of Completion:
---------------------	--------------	-----------------	---------------------

**iii. Further Studies:**

Qualification	School / Institution / Country	Date Acquired

**iv. Trainings:**

Title	Institution / Country	Date Acquired

**H. EMPLOYMENT HISTORY (state most recent employer first)**

1.	Name of Company:		Position Held:		Start Date:
					End Date:
	Basic Salary:	Additional Allowances:	Reference:		
	Reason(s) for leaving:				
2.	Name of Company:		Position Held:		Start Date:
					End Date:
	Basic Salary:	Additional Allowances:	Reference:		
	Reason(s) for leaving:				
3.	Name of Company:		Position Held:		Start Date:
					End Date:
	Basic Salary:	Additional Allowances:	Reference:		
	Reason(s) for leaving:				
4.	Name of Company:		Position Held:		Start Date:
					End Date:
	Basic Salary:	Additional Allowances:	Reference:		
	Reason(s) for leaving:				

Expected Salary from this job: \_\_\_\_\_ Earliest Start Date: \_\_\_\_\_

**I. POSITIONS OF RESPONSIBILITY HELD IN CLUBS, ASSOCIATIONS, TRADE UNIONS OR OTHER SOCIAL ORGANISATIONS.**

Name of Organization	Position Held	From	To

**J. ANSWER THE FOLLOWING QUESTIONS BY PUTTING A TICK IN THE APPROPRIATE BOX. \* (If 'YES', please provide details in the right hand column)**

	✓ or X	Details
1. Have you ever been charged with any offence convicted by any court or detained by the authorities under the provisions of any law in any country?		
2. Has any bankruptcy action ever been taken against you?		
3. Has any Court judgment or order ever been made against you ordering you to pay a debt to someone?		
4. Have you signed a promissory note or an acknowledgement of indebtedness for which the amount pledged has not already been fully repaid?		
5. Have you ever been employed in any capacity with MACL?		
6. Have you applied on any previous occasions for employment in any capacity with MACL? Give date and position applied for.		
7. Have you any relatives in MACL? If yes, please give designation, name and relationship.		
8. Have you any involvement in any business undertaking? (E.g. Directorship, Partnership, etc.)		
9. Have you suffered from any mental illness or physical illness or disability for which you have received medical treatment? (E.g. diabetes, tuberculosis, asthma, etc.)		

**K. DECLARATION**

I declare that the information given by me in this application for employment is true to the best of my knowledge, information and belief. I further declare that I have disclosed all the information required to be given to this application. This declaration shall, if I am employed by the Company, constitute an integral part of any contract of service between the Company and me. I agree and accept that if any of the information given by me in this application for employment is in any way false, or incorrect, the Company shall have the right to dismiss me without notice and without assigning any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resource Use Only**

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_