MALDIVE SUPER TRANSFER SERVICE Pvt Ltd

APPLICATION FORM

POSITION APPLIED FOR	
SALARY EXPECTATION	
DATE OF AVAILABILITY FOR EMPLOYMENT	

PERSONAL DETAILS

NAME	
NATIONALITY	
PERMANENT ADDRESS	
CURRENT ADDRESS	
ID CARD/ PP NO	
DATE OF BIRTH	
MARITAL STATUS	
NO OF CHILDREN	
EMAIL ADDRESS	
CONTACT NUMBER	
LANGUAGE/S SPOKEN	

EMERGENCY CONTACT DETAILS

NAME	
ADDRESS	
RELATION	
CONTACT NUMBER	

WORKING EXPERIENCE (Starting from most recent)				
COMPANY NAME & ADDRESS	**PERIOD OF EMPLOYMENT**	**POSITION**	**SALARY**	**REASON FOR LEAVING**

MALDIVE SUPER TRANSFER SERVICE Pvt Ltd

LICENSES OBTAINED		
NAME	**CATEGORIES**	**EXPIRY DATE**

CHARACTER REFERENCES (PROVIDE MINIMUM OF 3)			
NAME	**COMPANY**	**POSITION**	**EMAIL & CONTACT NO:**

PLEASE ANSWER THE FOLLOWING:

Have you ever had any serious illness/operation? If so, please explain.			
Do you have any physical disability?			
	YES	NO	IF YES, please explain
Do you have any friends / relatives working in MSTS? Names please.			
Have you ever been convicted in court of law or any police records existing in any country? If yes, please explain			
Have you ever been dismissed / suspended by an employer?			

DECLARATION:

I certify that the statements made in this personal information form are voluntarily, correct and complete to the best of my knowledge. I hereby authorize Maldives Super Transfer Service Pvt Ltd to make reasonable inquiries from my former associates, employers and references. I agree to indemnify the Management from all liabilities, demands, claims, suits, proceeding, cost and expenses of any nature in connection with the foregoing.

I understand that any misrepresentation or falsification shall be considered sufficient cause for dismissal at any time during employment.

Signature of Applicant: _____ **Date:** _____