## HR-L7



## **Maldives Correctional Service**

Emergency Contact Name & Relation:

Emergency Contact Address:

Emergency Contact No:

Republic of Maldives

ورو و ما مار مارو مارو ماروم

## JOB APPLICATION FORM (FOREIGNERS)

EMPLOYEE INFORMATION			
First Name:	Middle Name:		
Last Name:			
Gender:	Age:		
Contact number:	Email:		
Passport No :			
Passport Issued Date :	Passport Expiry Date:		
Permanent address:			
City & Road Name:			
Zip/Postal Code :	Marital Status :		
Nationality:	Country:		
Present Address:			
City & Road Name:			

**EMERGENCY CONTACT INFORMATION** 

EDUCATION			
SECONDARY I	EDUCATION	HIGHER SECONDAR	Y EDUCATION
Subject	Grade	Subject	Grade

	HIGHER EDUCATION & OTHER TRAININGS
Course Details	
Institute/ University	
Date Acquired	
Course Details	
Details	
Institute/ University	
Date Acquired	
Course Details	
Details	
Institute/ University	
Date Acquired	
Course Details	
Details	
Institute/ University	
Date Acquired	

EMPLOYMENT HISTORY		
Company 1	Place	
	Designation	
	Work Detail	
	Duration	
Company 2	Place	
	Designation	
	Work Detail	
	Duration	

REFERENCE DETAILS		
Re	eferee Name	
Po	osition	
Co	ompany Name	
Co	ontact	
En	mail	

<u>DECLARATION</u>		
_	ed about me is true and I have provided the information any material fact, I will, if engaged, be liable to the as may be appropriate	
Applicant Name:		
Date	Sign:	

DOCUMENTS CHECKLIST		
Completed application form		
CV		
Copy of Passport Bio data Page (Colour Copy) with minimum 01 year validity		
Copy of academic certificates		
Completed Maldives nursing and midwifery council's "Nursing registration and practicing License Form" for foreigners (Available on <a href="http://health.gov.mv/Downloads">http://health.gov.mv/Downloads</a> )		
All supporting documents to be submitted along with the "Nursing registration and practicing License Form"		
Reference letter / Experience letter		
Passport size photo in official attire (Colour scanned- Soft Copy - Passport standard - 45mm x 35mm - white background)		
Police Report (from expatriate's home country) Document must be in English and issued within the last 3 months from submission date		
Medical report (from expatriate's current residing country) Document must be issued within the last 45 days from submission date		
No Objection letter if already working in Maldives		

## **FOR INFORMATION**

Human Resource Section
Phone No: +960 3026115 / +960 3026114

Email: <u>hr@corrections.gov.mv</u>
Website: <u>www.corrections.gov.mv</u>