

120,Majeedhee Magu, Male' 20-01, Republic of Maldives.

Phone: (+960) 3332822, Fax: (+960) 331 2139, E-mail: info@coastlinegroup.com.mv

APPLICATION FOR EMPLOYMENT

Position Applied for:
PERSONAL INFORMATION
Name: (Mr/Ms/Mrs):First Middle Last
Gender: Male Female National ID Card no.:
Nationality: Marital status:
Date of Birth: Place of Birth:
Current Address:
Permanent Address: Home (Floor & Apartment) Street City Island & Atoll
Contact Information: () () Mobile
Email Address
How did you learn about Coastline Group of Companies? Please tick
TV Advertisement Friend
Other (Please specify):
Do you have any friends or family member working in Coastline Group of Companies?
Friends Family Relationship:
Explain any personal responsibilities or health problems that might prevent you from coming to work such as defects in hearing, vision, or speech?

EDUCATION

High School & College / University

Institute & Location		Year	Results/Level	Major/Subjects of Study
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ecialized Training, Ti	raae Scnooi, eic.	••		
you have any plans of pected starting date.	f further studies?	Please provide u	s the details of the prog	gram, duration and the
ommencing Date:				
EVIOUSE EXPERII	ENCE			
ease list beginning f	from most recen	nt		
Dates Employed	Сотра	ny Name	Role/Title	Reason for leavi
b tasks performed:				
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bb Skills: Use the follo	owing space to pr	ovide any additio	onal information that ye	ou think would be helpful in o
ob Skills: Use the follo aluation of your job	application. This	ovide any additio s can include spe	nal information that yecialized training, semi	ou think would be helpful in on nars, workshops, accreditation
ob tasks performed: ob Skills: Use the followaluation of your job ecial achievements or	application. This	ovide any additio s can include spe	onal information that ye cialized training, semi	ou think would be helpful in on nars, workshops, accreditation
b Skills: Use the follo	application. This	ovide any additio s can include spe	onal information that ye	ou think would be helpful in on nars, workshops, accreditation
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References:			
List the full name, address, phone nur friends) that you'd like to use as a ref.	mber and designation of up erence.	o to three persons (exc	luding family &
Full Name	Address	Phone Number	er Relationship
Aay we contact your present or last employer:	Yes	No	
When will you be available to start wor	k?		
ob Application Certification:			
hereby certify that all entries on this junderstand that any falsification in thi	iob application and any atta s information may result in	achments are true and my forfeiture of emp	l complete. I also agree loyment.
understand that all information on this joi ackground checks. I also agree that you m			
Date:	Job Applicant	Signature:	
Please attach the following documents:			
 a) National ID card or Passport b) Educational Certificates (Attes c) Curriculum Vitae d) Reference Letters or other sup e) Police Report 	ted/verified by a governme	nt Office)	
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