



**PERSONAL INFORMATION**

Type of School	Name and Location	No. of Years Completed	Did You Graduate?	Major & Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade or Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s) or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Course of Study:		
<b>SPECIAL SKILLS</b>				
Certificates:		Answer only if position applied for requires a driver's license. Do you have a valid driver's license issued by the State		
Computer Programme:				

## EMPLOYMENT HISTORY

For the last 10 years, stating with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.

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**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Stating Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_  Full-Time  Part-Time Hrs/Wk

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

\_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Stating Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_  Full-Time  Part-Time Hrs/Wk

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

\_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ May we contact this employer: Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Stating Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_  Full-Time  Part-Time Hrs/Wk

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

**Important. Please read carefully and sign.**

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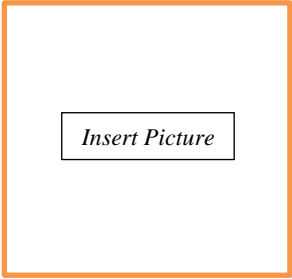
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I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the company can terminate the relationship at will, with or without cause, at any time. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the Management of the Company.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**UNDERTAKING FORM GUARANTOR**

I, ..... (Full Names)

A Nigerian of, State of Origin..... LGA  
.....

Presently resident at No  
..... of Nigeria do  
certify that:

Mr/Miss ..... (Name in Full) is  
my..... (Relationship) and known him for ..... (years). I testify that  
he/ she is very responsible and not of questionable character. I also certify that he/she is a  
committed and capable individual with integrity.

Hence, all arrangement agreed between him/ her can be with utmost assurance that any  
intolerable behaviour such as theft and hooliganism and many more in any form from your  
ward shall be treated in accordance to the Arbitrary Law that abide the State and Federation of  
the country. In the event of default of obligations under his/ her contractual agreement to the  
company, I hereby undertake to assume full responsibility of such outstanding obligation.

- Signature & Date:.....
- Office Address:.....
- Home Address:.....
- Telephone Nos:.....
- Email Address:.....
- Occupation:.....
- Designation:.....