

RC 377812

25~Abeokuta~Street,~Ilasamaja,~Lagos,~Nigeria~~Tel:~08056898568,~09051828844~,~email:~info@concordesecurityng.com

APPLICATION FORM
N
Name: (Surname First)
Date of Birth: Place of Birth.
Marital Status: Religion
Contact Address:
E- Mail Address.
Residential Address:
Nearest Bus Stop to Residence:
Educational Qualification:
State of Origin: Local Govt.
Home Town:Nationality
Father's Name: Occupation.
Address:
National Identification Number
Voter's card Identification Number Please attach a photocopy of Voter's card
(P.O.BOX NOT ACCEPTABLE)
Nearest Bus Stop to Residence:Tel No:
REFEREES
Name:occupation:
Resident Address:
Contact Address:
Bank Name



25 Abeokuta Street, Ilasamaja, Lagos, Nigeria Tel: 08056898568, 09051828844, email: info@concordesecurityng.com

CONFIDENTIAL

CS/SL/EF/01

STAFF APPOINTMENT

QUESTIONNAIRE FOR APPLICANTS.

INTRODUCTORY NOTE

This form is part of the selection procedure. The form is planned to enable you to record important points about yourself. It is designed to give the selectors an impression of you as an individual.

The content of this form will be used as a basis for discussion if you are called for interview. You are therefore requested to be very sure of what you write here. Please make sure you put exactly what you want us to know about you to enable us assess your application professionally.

Note that this form is not a "test". Our organization is interested in your personal experience and on the job training acquired in your previous employment.

Director

GUARANTORS FORM

Name of Guarantor				
	(Surname First)			
_	dence:			
	E- Mail Address			
Occupation:				
Employment:	Self Employed (Please state type of Business)			
If you are an employee:	Name and Address of Company:			
How long have you know applicant?	v the			
What is your relationship	with the applicant?			
	do hereby			
own free will to stand as				
	Who ha	as applied for		
- ·	I also promise to	on anononty.		
indemnify in the event of any loss of money or property attributed by applicant.				
• • • •	Date			
	Date:leliberating on the information supplied and it is			
	t will be summarily dismissed.	found to be false of		
- 11	For Office use			
Confirmation details by to Officer	the vetting			
Business Address:				
	E-Mail Address:			
Tel No:	E-Mail Address:	• • • • • • • • •		

SCHOOLS ATTENDEED WITH DATES AND QUALIFICATIONS

S/N	SCHOOLS & ADDRESSES	FROM	TO	CERTIFICATE

WORKING EXPERIENCE

S/N	NAME& ADDRESSES OF EMPLOYER	FROM	ТО	JOB DESCRIPTION

GUARANTORS FORM

Name of Guarantor.	
(Surname First)	
Residential Address:	
Nearest Bus Stop to Residence:	
TelephoneE- Mail Address	
Occupation:	
Employment: Self Employed. (Please state type of Business)	
If you are an employee: Name and Address of Company:	
How long have you know the applicant?	
What is your relationship with the applicant?	
Ido hereby own free will to stand as guarantor for	(consent) on my
Mr./Mrs	
Sign:Date:	
N/B: If in the course od deliberating on the information supplied and is formisleading, the applicant will be summarily dismissed.	ound to be false or
For Office use	
Confirmation details by the vetting Officer	
Business Address:	
Phone No: E-Mail Address: Next of Kin:	
Contact Address:	
Tel No: E-Mail Address:	

NAMES AND ADDRESSES OF TWO GUARANTORS

S/N	NAME	ADDRESS	OCCUPATION	RELATIONSHIP

NAMES AND ADDRESSES OF TWO REFEREES

(DIFFERENT FROM THE GUARANTORS)

	(BHI BREWI TROM THE GEMENT TORK)				
S/N	NAME	ADDRESS	OCCUPATION	RELATIONSHIP	
1					

POSITION APPLIED FOR	
D.A.T.F.	every