

Employment Application Form

LINTEL INVESTMENTS AND MANAGEMENT SERVICES PVT LTD. (C-50/89)



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Page 1 of 6

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

First
Middle
Last
Maiden

Present address _____

House Name
Street
Island
Atoll
Zip

How long _____ ID CARD No: _____

Telephone (____) _____

If under 21, please list age _____ Bank Account No: _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)

No Pref. _____ Thu _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	QUALIFICATION ATTAINED
G. C. E O' Level				
G. C. E A' Level				
College/University				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ Place of issue _____
Expiration date _____

OFFICE ONLY

Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key Calc	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microsoft Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC _____ Mac _____	Other	_____	Skills	_____	_____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Are you related to anyone employed (including non-executive Directors) in Intel? Yes No

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty box for providing additional information.

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MILITARY /
POLICE

Have you ever been in the Maldives National Defence Force / Maldives Police Service? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

ELECTED
OFFICE

Are you presently serving in any elected position Yes No

Where _____ Position _____ Term Expiry Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No *(If no, please give a reason below)*

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lintel Investments and Management Services Pvt. Ltd. registration number C-50/89 (hereinafter called "Lintel"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Lintel, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Managing Director of Lintel. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Lintel may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Lintel permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Lintel from any liability as a result of such contract.

I also understand that (1) Lintel has a drug and alcohol policy that may be invoked for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, Lintel may request from any external agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Lintel, will provide me with additional information concerning the nature and scope of any such report requested by it, as provided in the Lintel's Code of Conduct.

I further understand that my employment with Lintel shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Lintel is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Lintel is an equal employment opportunity employer. We adhere to a policy of making employment decisions based only on merit. We assure you that your opportunity for employment with Lintel depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____

Married Yes No If married, how long? _____ Single Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR HEALTH INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	ID Card #

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Section _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Name of person verifying information _____ Signature: _____

Name of person authorizing employment _____ Signature: _____