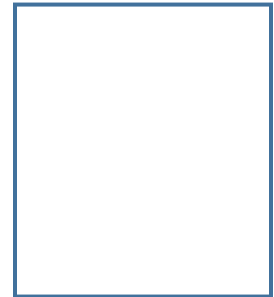


BINARY CONTINENTAL LIMITED EMPLOYMENT FORM

Passport Photograph



Signature

Name:-----

Contact Telephone No:-----

Residential Address:-----

(Please fill the nearest bus stop)

Permanent Home Town Address:-----

(Please fill the nearest bus stop)

Personal Telephone No:----- e-mail:-----

Sex:----- Driving License No:----- Int. Passport No:-----

Nationality:----- State of Origin:-----

Local Govt:----- Home Town:-----

Date of Birth:----- Place of Birth:-----

Marital status:----- Spouse Name:-----

(Please fill the nearest bus stop)

Telephone No:-----

EDUCATIONAL HISTORY

Institution (s) Attended	Qualification(s) Obtained/course of study	Date obtained	Grade

Courses attended with date:

Details of any other special training knowledge or experience

Language Spoken

State any other two languages

English	Fluent	Good	Fair
	Fluent	Good	Fair
	Fluent	Good	Fair

Current/Last Employment History

Dates: From:----- To;-----

Name and address of company (Please indicate nearest bus stop)

Company phone number:-----

Company e-mail: address:-----

Post held and duration:-----

Details of responsibilities:-----

Salary:-----

Reason for leaving:-----

Any outstanding loan:-----

Repayment plan:-----

Have you been involved in any issue while at work? Yes or no (insubordination, disciplinary issues, cash shortage, loss of client's properties or the likes e.t.c please tick as applicable). What happened?

Have you been involved in executing or initiating any special project? Yes or No if yes please explain further :

2. Date: From----- To:-----

Name and address of employer:-----

(Please fill the nearest bus stop)

Company e-mail address:-----

Post held and-----

Details of Responsibilities-----

Salary-----

Reason for leaving:-----

Personal Reference:

1.

2.

Referee Name:-----

Office Name:-----

Office Address:-----

(Please fill the nearest bus stop)

Department:-----

Department:-----

Office/personal telephone

Office/personal telephone

Medical History

Have you suffered from any major illness?-----

If so, when?-----

Type of illness:-----

If yes, please give details

If required to undergo a medical checkup, would you agree? Yes/No

Extra-curricular Activities

Give details of your hobbies

Probable date of resumption:

Notice required from present employer

Expected salary: ₦

DECLARATION

I declare that the statement made in this application form and in any documents supplied by me to support my application are, to the best of my knowledge and belief, factually correct and true.

I understand that, should any such statement be found to be false or misleading, my application will be subject to review and may be terminated.

Signature/date-----