

APPLICATION FORM



DATE : 17/07/2022

PERSONAL INFORMATION

Surname: Ifedimma First Name Yemisi

Other Names Michael

Address: No 10 Sullivan Avenue, Independence Layout, Enugu North, Enugu State.

Phone number: 07003347818 Email: Ifedimmayemisi@gmail.com

Date of Birth: 01/05/1996 Place of Birth: Abakpa, Enugu, Enugu State

Male Female Married Single Widow Divorced

(Tick only the applicable)

QUALIFICATIONS

	Institution	Qualification	Duration
University	ESUT, Enugu	Bsc in Accounting	2016 -2020
Secondary School	CIC, Enugu	WAEC	2010 - 2016
Specialized Training, Trade School, e.t.c.	Jumbo Catering Institute	Culinary Certificate	2017
Other Certificates, e.t.c.			

WORK EXPERIENCE *(List your key places of work starting from the latest one)*

Place of Work	Job Role	Duration	Why you left
Chems Pharmaceuticals	Sales Representative	2021-date	Still working here
Sims Electronics	Customer Attendant	2016	Went back to study

REFEREES AND GUARANTORS

Please provide the details of two people that we can write to for a reference (Work and School References), and one guarantor (Someone that have known you for at least 5 years). One of your references can still be your guarantor. Do well to inform whoever you are using for reference or guarantor before putting down their names. The first of these people must be your current or most recent employer. If you cannot provide details of a teacher or tutor for school reference, we may accept a personal reference from a person of professional standing (e.g. a doctor, lawyer, accountant, recognized religious leader or teacher) who knows you, either professionally or personally. You must not give the names of friends or relatives or colleagues that are/were not senior to you as referees. All references will be verified. First referee (should be current or most recent employer)

First Referee’s Name: _____

Name of Organisation: _____

Position: _____

Address: _____

Phone Number: _____

Email: _____

Second Referee’s Name: _____

Name of Organisation: _____

Position: _____

Address: _____

Phone Number: _____

Email: _____

Guarantor’s Name: _____

Name of Organisation: _____

Position: _____

Address: _____

Phone Number: _____

Email: _____

CRIMINAL RECORDS

Care workers work with vulnerable people and we take our responsibility to protect them very seriously. Your appointment will depend on the satisfactory completion of a criminal records disclosure (see policy statement below), but at this stage, we need you to answer the following questions truthfully and honestly: Have you received any convictions, cautions, reprimands or final warnings? Yes No

To your knowledge, are you currently the subject of any criminal proceedings (for example, charged or summoned but not yet dealt with) or any police investigation? No Yes If you answered ‘yes’ to either of the two previous questions, please provide details:

..... Do you consent to our applying for an enhanced criminal records disclosure on you and to our retaining a copy of your disclosure certificate during the period of your employment or until a new disclosure is completed (whichever occurs first)? Yes No

How did you learn about our company? _____