

# HLB Mekonsult Limited

## Employment Application Form

### A. Personal Details

**Full Name:**

**Gender [M/F] :**

**Date Of Birth:**

DD/MMM/YYYY

**Nationality:**

**Religion:**

**Voter's ID:**

Place of Issue:

**Expiry Date:**

**Passport No. :**

Place of Issue:

**Date Of Issue:**

**Expiry Date:**

**Phone Number:**

**Fax Number:**

**E-Mail Address:**

**Place Of Birth:**

Village: \_\_\_\_\_

District: \_\_\_\_\_

Region: \_\_\_\_\_

**Place Of  
Domicile:**

Village: \_\_\_\_\_

District: \_\_\_\_\_

Region: \_\_\_\_\_

**Marital Status:**

☐ Single

☐ Married

☐ Divorced

☐ Widowed

**B. Contact Addresses:****Postal Address:****Town/City:****Physical Address:** Plot No:

Block:

Street:

Location:

Ward:

District:

Region:

**C. Emergency Contact Person****Name:****Phone Number:****Relationship:****Postal Address:****Town/City:****E-Mail Address:***Please provide the **Next of KIN** if different from emergency contact:***Name:****Relationship:****Postal Address:****Town/City:****D. Marital Status:** *If in section A, married is ticked please fill in this section.***Spouse's Name:****If Employed:****Employer's Name:****Postal Address:****Town/City:**

**How many Children do you have? \_\_\_\_\_**

*Please provide information about the children:*

<b>Name:</b>	<b>Date of Birth:</b>
<b>Name:</b>	<b>Date of Birth:</b>
<b>Name:</b>	<b>Date of Birth:</b>
<b>Name:</b>	<b>Date of Birth:</b>

#### **E. Languages:**

**Spoken:**

**Written:**

#### **F. Educational and Academic Qualifications:**

<b>No.</b>	<b>Name of School/Institution</b>	<b>From (Year)</b>	<b>To (Year)</b>	<b>Award ( Specify specialization of your Certificate, Diploma, Degree etc.)</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

G. Seminars and Courses attended:					
No.	Seminars / Courses	Place	From (Date)	To (Date)	Award
1					
2					
3					
4					
5					
6					
H. Work Experience:					
No.	Employer's Name & Address	Position Held	From (Date)	To (Date)	Reason for Leaving
1					
2					
3					
4					
5					
6					

**I. Membership:****(a) Professional Bodies:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**(b) Other:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**J. Personal Information cont. *please circle either yes/no when applicable*****Do you have any physical disability? Yes/No**

*If the answer is YES mentioned type of your disability (specify i.e., lame, deaf, impaired vision):*

**Specify medical conditions (i.e., Hypertension, epilepsy, Diabetes, etc)****Have you been convicted of any criminal offence? Yes/No:**

*If YES, please briefly describe the nature of the offence committed and outcome of the case:*

**Do you have any liabilities such as loans, salary in lieu etc. With your former employer or elsewhere? Yes/No**

*If the answer is YES specifying the liabilities and how you plan to settle them.*

**K. Current Employer: *if applicable*****Company Name:****Employer:****Your Position:****Department/Section:****Number of  
Subordinates:****Current  
Remuneration  
per Month**

No.	Type of Payment	TZS
<b>Total Remuneration per Month</b>		

**Why do you want to leave the services of your current employer?****L. Other****What interests you wish to Mekonsult limited?****Publications made:****Hobbies:**

**M. Official Referees:**

<b>1. Name:</b>	
<b>P. O. Box:</b>	
<b>Telephone No:</b>	
<b>Physical Address:</b>	
<b>Employer's Name &amp; Address:</b>	
<b>2. Name:</b>	
<b>P. O. Box:</b>	
<b>Telephone No:</b>	
<b>Physical Address:</b>	
<b>Employer's Name &amp; Address:</b>	

**N. Declaration:**

I understand and recognize that:

(i) I will be required to transmit an official transcript for detailed course description and original certificate to verify my educational and academic qualifications.

(ii) If it is deemed that I have made false declaration, and it happens that I get employed, I will be terminated with loss of employment benefits.

(iii) False declaration will also constitute an act of criminal offence which could result in my being prosecuted.

I, ..... (full name) do hereby declare that what I have stated herein above is true to the best of my knowledge.

**Signature:**

**Date:**

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