

SFH ACCESS

PRE-INTERVIEW FORM

5.

A. BIO DATA					
1 SURNAME: (Mr/Mrs/Miss)	OTHER NAMES:		POSITION APPLIED FOR:		
MR IBITOÝE	SAMUEL D	AYO	BACK-END DEVELOPER		
2. DATE OF BIRTH: (Date/Month/Year)	PLACE OF B	IRTH:			
25/Febuary/2001	Abuja Nigeria				
RESIDENTIAL ADDRESS:		CONTACT A	DDRESS:		
Pilot science, Demonstration Roa	ad Gwagwalada Abuja	Pilot science	, Demonstration Road Gwagwalada Abuja		
		_			
TEL: +2348151519625 E-MAIL ADDRESS(ES): ibi	tovesamuel25@gma	TEL: +23481	51519625		
- INTRE TREBILESS(ES). 101					
4 SEX: Male MARITAL	STATUS: Single	NUMBER OF CI	HILDREN:		
5 STATE OF ORIGIN:		LOCAL GOV	ERNMENT AREA:		
KOGI STATE		IJUMU L.C			
6. RELIGION: Christai	nity				
B. EDUCATIONAL BACKGRO	OUND				
(i) ACADEMIC:					
1.Federal University Lokoja		DATES 2018-2022	QUALIFICATION OBTAINED BSc Computer Sci.		
2.					
3.					

(ii) PROFESSIONAL QUALIFICATIONS/CERTIFICATIONS

1. Top 50 AI Badge from D	ata Science Nigeria(DSN) -2	2020	
2. Certified Web Developer	from WIgs Training Instute	- 2017	
3.			
4.			
C. EMPLOYMENT HISTO	RY (LAST THREE ORGA	NIZATIONS WORK	(ED)
(i) Previous/Current en	ıplovers		
NAME OF ORGANIZA		PERIOD	POSITION
1. 3d7 Technologies LTD	HON	June/23 - Date	Full Stack Engineer
2.Eagle Apps LTD		August/22 - June/2	2Full Stack Engineer
	_	_	
3.Dorm LTD		December/20- August/22	Back End Developer
(ii) A my mnovious so	nployment with SFH?	Yes	No.
(ii) Any previous en	iipioyinent with SFH?	ies	<u>No</u>
If Yes, state the role(s) and a	reason(s) for leaving		
(iii) Do you have any	relation currently in	Yes	<u>No</u>
employment with]
If Yes , state name and relations	shin		
ir res, state name and relations	,iiip		
on 1.			
Name of Relative:			_
Relationship:			
D. COMPUTER SKILLS			
(i) Are you compu	ter literate? Yes	No	
(ii) Computer packs	ages used (please tick as app	oropriate)	
Word processing/Desktop	How well do you use	the package?	
Packages	V. Good Good	Fair	
Word Perfect	yes		
Microsoft Word			
Microsoft Publisher	yes	+	
Microsoft Power Point	yes		
Page Maker	yes		
1	1 1,52	1 1	

			the package?			
-	V. Good	Good	Fair			
Daceasy			yes			
Quick books			yes			
Sun			yes			
Microsoft Excel		yes				
Tetra Plan			yes			
			ľ			
Research Packages			the package?			
EDI	V. Good	Good	Fair			
EPI			yes			
SPSS		yes				
L		1				
OTHER SKILLS (<i>Please st</i> a	•					
	•					
	•					
	•					
	o you enjoy mo	ost and why	?	et to solve	e real wor	ld prob

G.	Which part(s) of Nigeria would you <u>not</u> like to work? Lagos
H. —	What are your strengths?problems solving, team work
Ī.	What are your weaknesses?
J.	Current Salary: N 200,000
K.	Expected Salary: N

L.	REFERENCE: Name of three (3) per	sons to be contacted one of which	n must be your last employer
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Name	Organisation/Address	Telephone (Mobile) numbers and email address	Occupation/ Post	How Long known?
David Ibitoye	Gwagwalada Abuja	ibitoyedavid@gmail.com 08134551968	Full stack Deveioper	23 years
Obed Okpala	Eagle Apps	07064492675	Team Lead	3 years

M. AUTHORISATION FOR DUE DILIGENCE BACKGROUND CHECKS

Please read and sign this form giving Society for Family Health (SFH) written authorisation to

complete the pre-employment due diligence check process.

I, Samuel Ibitoye hereby authorize Society for Family Health (SFH) to carry out due

diligence investigations of my background, employment history and qualification verification

for the purposes of evaluating whether I am suitable for the position for which I am applying.

The background checks include but are not limited to

1. Previous employers' checks

2. Residential address verification

3. Personal Reference checks

4. Qualification verification

I understand that SFH may use an outside firm to assist with checking my information and I

specifically authorise such investigations by SFH, information service agents and/or third-party

agents of SFH's choice.

I further authorise my current and former employers and my personal referees to cooperate

with SFH by providing the required information. In exchange for my referees' cooperation, I

hereby agree that I will not bring any suit or action against them for disclosing such

information provided the same is not false at the time it is provided.

I also understand that I may withhold my permission and that in such a case, no investigation

will be done and my application for employment will not be processed further.

Applicant's name: Ibitoye Samuel Ekundayo

and the second

Applicants Signature: __ Date: _22/1/24

(1)	Original Credentials sighted and checked (copies attached)
i	
1	
i	
1	
(2	Bridger Insight Check run without issues Yes OR No
<u>) (</u>	attach copy of the report)
ed b	y:
Nan	ne:
	ne: