

Attach A Recent  
Passport  
Photographs  
signed by your  
guarantor.

## O.J TECHNOLOGIES LTD

### EMPLOYEE INFORMATION FORM

#### SECTION (A1) - EMPLOYEE'S PERSONAL DATA

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH: DD \_\_\_\_\_ MM \_\_\_\_\_ YY \_\_\_\_\_

PLACE OF BIRTH: TOWN \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

SEX (Tick as Appropriate)      MALE ☐      FEMALE ☐

HOME PLACE (STATE OF ORIGIN) \_\_\_\_\_ TOWN OF ORIGIN: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

NEAREST MAJOR ROAD: \_\_\_\_\_ .BUS STOP \_\_\_\_\_

STAFF PHONE NUMBER(S) (1) \_\_\_\_\_ (2) \_\_\_\_\_

MARITAL STATUS: MARRIED ☐      SINGLE ☐      OTHERS ☐

HEIGHT (METRES): \_\_\_\_\_ WEIGHT (KILOGRAMMES) \_\_\_\_\_

ALIAS [NICK NAME (IF ANY)] \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

ANY SPECIAL HEALTH CONDITION: YES ☐      NO ☐

ALLERGIES \_\_\_\_\_

RELIGION (Tick as Appropriate) CHRISTIANITY ☐      ISLAM ☐

OTHERS (specify \_\_\_\_\_)

## SECTION (A2) - EDUCATIONAL BACKGROUND

<u>NAME OF INSTITUTION</u>	<u>YEAR</u>	<u>QUALIFICATION</u>
SECONDARY SCHOOL: _____	_____	_____.
TERTIARY INSTITUTIONS: _____	_____	_____.
TERTIARY INSTITUTIONS: _____	_____	_____.

### Academic Qualifications

(1) \_\_\_\_\_ Date \_\_\_\_\_.

(2) \_\_\_\_\_ Date \_\_\_\_\_.

### Professional Qualifications

(1) \_\_\_\_\_ Date \_\_\_\_\_.

(2) \_\_\_\_\_ Date \_\_\_\_\_.

## SECTION (A3): WORKING EXPERIENCE

	<u>NAME OF COMPANY</u>	<u>ADDRESS OF COMPANY</u>	<u>DATE (FROM – TO)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### SECTION (A4): GUARANTORS

Fill in names of two **independent persons**, who can testify to your character and guarantee your uprightness in the company.

NAME NUMBER/RELATIONSHIP	ADDRESS (NOT P.O.BOX)	PHONE
1. _____	_____	_____/_____
2. _____	_____	_____/_____

### SECTION (B) - SPOUSE'S /CHILDREN DATA

Fill in if not applicable.

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

SPOUSE'S DATE OF BIRTH \_\_\_\_\_ SPOUSE ADDRESS \_\_\_\_\_

TEL \_\_\_\_\_ NO OF CHILDREN

### SECTION (C) - ATTESTATION

I, Mr./Mrs./Miss \_\_\_\_\_ hereby affirm that, to the best of my

Knowledge, all information provided in this form is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please state your contact telephone number(s): \_\_\_\_\_

**NB:** We Reserves the right to terminate your appointment if any of the information provided in this form is eventually found to be untrue.

**O.J TECHNOLOGIES LTD**

***GUARANTOR'S UNDERTAKING FOR THE EMPLOYEE***

**GUARANTOR'S ARE STRONGLY ADVISED TO ENSURE THAT THEY ARE VERY WELL ACQUAINTED WITH PERSONS BEING GUARANTEED BY THEM.**

**EMPLOYEE'S DATA** (person being guaranteed)

Surname \_\_\_\_\_ Other Names \_\_\_\_\_

**GUARANTOR'S DATA**

Guarantor's Name: \_\_\_\_\_

Guarantor's Residential Address: \_\_\_\_\_

Guarantor's Office Phone \_\_\_\_\_

Guarantor's Mobile Phone No(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Guarantor's Business/place of work Name: \_\_\_\_\_

Guarantor's Office Address: \_\_\_\_\_

Guarantor's Job Title/Grade: \_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ hereby confirm that Mr./Mrs./Miss \_\_\_\_\_ of

\_\_\_\_\_ has been known to me for \_\_\_\_\_

Years as \_\_\_\_\_ (Relationship.

I confirm that he/she is of good character, fit and proper to be considered for employment. Accordingly, I accept to be held fully responsible and accountable for any misconduct, stealing or fraud resulting in loss to O.J Technologies LTD or her Directors either directly or otherwise during his/her employment. In addition, I promise to produce him/her when required for any reason whatsoever.

I make this declaration in the full knowledge of the obligations and responsibilities of a guarantor under the relevant laws of Nigeria.

\_\_\_\_\_  
**Guarantor's Signature**

\_\_\_\_\_  
**Date**

**NOTE: Guarantor to attach passport photograph, I.D card or complementary card.**

Passport	<b>I.D.CARD HOLDER’S INFORMATION</b>	
	FIRST NAME	
	OTHER NAMES	SIGNATURE
	SURNAME	
ADDRESS	Lekki	

## **O.J.TECHNOLOGIES LTD**

### **ASSUMPTION OF DUTY FORM**

**NAME:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**DATE ASSUMED DUTY:** \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

#### **CONFIRMATION BY THE HR OFFICE:**

**Resumption Date OK** ☐ **Not OK** ☐

**Mgt Signature**      **/Date** \_\_\_\_\_