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MALDIVES SPORTS CORPORATION	Job Application Form											
INSTRUCTIONS: Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.												
1. Family name (surname)		2. First names			3. Middle name, if applicable							
4. Date of birth day month year	5. Place of birth	6. Nationality			7. Gender Male 🗌 Female 🗌							
8. Marital status Sing	gle 🗌 Married	Separa	ated 🗌	Wido	w(er) 🗌	Divorce						
9. Applied Post:												
10. Would you be willing to	engage in air / tra	avel national ar	nd internatio	nal as	s is require	d by the or	ganisa	tion?				
	ease explain:											
11. Permanent address		12. Present address if different from that indicated in box 11		H	13. Telephone numbers Home/Mobile; Work;							
Telephone No.	hone No.		Telephone No.		14. Personal and/or professional e-mail address:							
15. EDUCATION: Give full d	letails - NB Pleas	se give exact ti	tles of degre	ees in	original la	nguage						
Degrees claimed in the job a application.	application (even	if they are not a	a requireme	nt for	the post) r	must be cor	nplete	d at the time of the				
A. List all educational institu obtained (highest level educ do not translate or indicate e	ation first). Give t	he exact name										
Name, place and country	Attended Mo/Year Mo.			mas		in course of study		In person or Online/remote?				
					1							
A. Post-qualification trainin	ng courses / lea		S			O a set of the	4					
Name, place and country	Туре			Attended from/to Mo/Year Mo. /Year		Certificates or Diplomas obtained		In person or Online/remote?				

16. List membership of pro	ofessional socie	ties and activ	ities in civio	c, public d	or inte	ernational affairs	5	
17. EMPLOYMENT RECOR	D: Starting with	your present po	ost, list in rev	/erse orde	er the l	ast 5 employmer	its you have had.	
NAME OF EMPLOYER: POST HELD			FROM-TO (MONTH/YEAR)		ADDRESS OF EMPLOYER			
18. References: list three per contacted for a reference	ersons not related	to you who ar	re familiar wi	th your ch	aracte	er and qualificatio	ns and who may be	
Full Name		Full Address, including E-Mail Add and Telephone Number			ess	ess Name of Organization, Business or Occupation		
19. I certify that the informat knowledge. I understand that this application.								
DATE:		SIGNATURE:						