



Job Application Form

Full Name: _____

Date of birth: _____ Place of birth: _____

Sex: _____ Height: _____ Weight: _____ Marital status: _____

Full Address: (Home) _____ Tel: _____

(Work) _____ Tel: _____

Position applied for: _____ Ref. No.: _____

Have you previously submitted an application for employment with MIR? If so when and for which position?

Have you ever been employed by MIR?

Yes

No

If "yes" give the following information:

Position/s	MIR Programme	Reason For leaving

Have you any dependant/s:

Yes

No

If "yes" give the following information:

Name	Age	Relationship	Name	Age	Relationship

Have you any relative employed by MIR?

Yes

No

If "yes" give the following information:

Name	His/her position in MIR	Relation ship

KNOWLEDGE OF LANGUAGES: (Write your mother tongue first)

Language	Read		Write		Speak		Understand	

EDUCATION BACKGROUND

University Or Institutions Name and Place	Attended from/To		Degrees and academic distinctions obtained	Main course of study
	M/Y	M/Y		



SCHOOLS OR OTHER FORMAL EDUCATION FROM AGE 14 (high school, technical or Vocational)

Name and Place	Type	Attended from/To		Certificates Obtained
		M/Y	M/Y	

EMPLOYMENT RECORD: Start with your present post, list inverse order every employment you have had. If you need more space, attach additional pages of the same size

Position	Employer	From	To	Name of supervisor
		Mon/Year	Mon/Year	

Reason for leaving: _____

Position	Employer	From	To	Name of supervisor
		Mon/Year	Mon/Year	

Reason for leaving: _____

Position	Employer	From	To	Name of supervisor
		Mon/Year	Mon/Year	

Reason for leaving: _____

Position	Employer	From	To	Name of supervisor
		Mon/Year	Mon/Year	

Reason for leaving: _____

Position	Employer	From	To	Name of supervisor
		Mon/Year	Mon/Year	

Reason for leaving: _____



REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications, (Do not repeat names of supervisors)

Full Name	Address/Telephone	Occupation

PROFICIENCY AND SKILLS: indicate your professional fields of expertise from the following

Administrations	Demining Operations
Accountancy/Audit	Explosive Ordnance Disposal/BAC
Project Management	Mine Clearance
Store Keeping	Medical Skills/First Aid
Gender Balance	Navigation
Clerical/Book Keeping	Mechanization
Personal Management	OTHERS
Computing/Computer Sciences	
Environmental Sciences	
Radio Communications/Equipments	

HEALTH: please specify any past or present serious/ recurring illness, major surgery, or disability and give brief details.

1. _____

2. _____

Are you under any obligation to stay outside your place of residency? Yes No

HAVE YOU EVER BEEN ARRESTED, INCLUDE, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED. FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (exclude minor traffic violations)? Yes No

If "yes", give the following information

Charge	Date	Where tried	Conviction

DECLARATION: I certify that statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on this form or other document requested by the Organization renders a staff member of the MIR organization liable to termination or dismissal.

DATE: _____ SIGNATURE: _____