

AIRPORT OF RODRIGUES LTD

APPLICATION FORM

POST: TRADESMAN



Fax: +(230) 8327 078
 Phone: +(230) 8327 888 (office hrs)
 E-mail: airport_info@arl.mu

1. PERSONAL HISTORY

Name (Last Name, First Name): _____

Address: _____

E-mail: _____

Telephone Number/s: _____

Date of Birth: _____

National Identity Card No. : _____

Marital Status: Single / Married / Divorced (please circle one)

Affix **Recent** Passport Size
 Photograph here

2. QUALIFICATIONS - If additional space is required, please submit information on additional sheet of blank paper

Name of Examining Body	Qualification Obtained	Duration of Course

3. WORK EXPERIENCE- If additional space is required, please submit information on additional sheet of blank paper

Name of Employer	Post Held	Period of Appointment

4. REFEREES - Please give details for two Referees

	Referee 1	Referee 2
Name		
Occupation		
Telephone Number		

AIRPORT OF RODRIGUES LTD

APPLICATION FORM

POST: TRADESMAN

5. OTHERS - *please select appropriate*

i. I possess a valid driver's licence (at least private car)? YES NO

ii. I certify that I have never been dismissed from any previous employment for violation of my employer's rules and regulations or for other reasons. YES NO

If YES, give details:
.....
.....

iii. I certify that I have never participated nor been convicted of any crimes. YES NO

If YES, give details:
.....
.....

iv. I certify that the information provided on this application form (consisting of 2 pages) is complete and accurate. YES NO

v. I understand and accept that any misrepresentation of the facts is ground for refusal of employment. YES NO

vi. I hereby authorise Airport of Rodrigues Ltd to contact former employers, educational establishments, government agencies and personal referees for verification of information provided on this application form. YES NO

Signature of Applicant: _____ Date: _____

Office Use