



National Drug Agency
Male, Republic of Maldives



Passport size
photograph

JOB APPLICATION FORM FOR EXPATRIATE

Please fill all sections of this form in **CAPITAL LETTERS**

EMPLOYMENT INTEREST			
Designation			
Section / Centre			
Grade		Basic Salary	

BASIC INFORMATION				
Personal Title	Mr	Mrs	Ms	Dr
First Name			Middle Name	
Last Name				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	
Marital Status			Date of Birth	DD/MM/YYYY
Passport no			Passport Expiry	DD/MM/YYYY
Personal email				
Contact No.				
Skype ID				
Viber Number				
Present Address	Building Name			
	Apartment / Floor no			
	Street			
	City / State			
	Country			
Permanent Address	Building Name			
	Apartment / Floor no			
	Street			
	City / State			
	Country			

EMERGENCY CONTACT INFORMATION	
Name	
Address	
Relationship	
Contact no	

EDUCATION			
Secondary Education		Higher Secondary Education	
Subject	Grade	Subject	Grade

HIGHER EDUCATION	
Course Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	
Date Acquired	
Course Details	
Institute / University	
Date Acquired	

OTHER TRAININGS	
Details	
Institute / University	
Date Acquired	
Details	
Institute / University	

Date Acquired	
Details	
Institute / University	
Date Acquired	

EMPLOYMENT HISTORY		
Company 1	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	
Company 2	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	
Company 3	Place	
	Designation	
	Work Detail	
	Duration	
	Last Drawn Salary	
	Reason Resigned	

REFERENCE DETAILS		
Referee 1	Name	
	Position	
	Company Name	
	Contact no	
	email	
Referee 2	Name	
	Position	
	Company Name	
	Contact no	
	email	

BACKGROUND CHECK

1. Have you got any friends or family working in National Drug Agency? Yes ☐ No ☐

If yes, please specify

2. Have you worked in Maldives before? Yes ☐ No ☐

If yes, please specify

3. Do you have any past or pending criminal conviction? Yes ☐ No ☐

If yes, please specify

4. Are you taking treatment for any illness? Yes ☐ No ☐

If yes, please specify

5. Have you taken treatment for any illness for more than 2 months? Yes ☐ No ☐

If yes, please specify

6. Have you applied your documents through any agencies before? Yes ☐ No ☐

If yes, please specify

7. Are you pregnant? *Applicable for female candidates* Yes ☐ No ☐

If yes, please specify

DECLARATION

I understand that the National Drug Agency DO NOT take any fees during the process of negotiation, offer of acceptance and employment period from any applicant with regard to employment opportunities. And any communication regarding recruitment during the recruitment process with an outside party is not allowed. And I am also informed that any such activities are illegal within the government sector therefore, National Drug Agency shall be informed of any such activities.

I hereby declare that all information stated in this form is true. I understand that any job offer made on the basis untrue or misleading information and any illegal activities may be withdrawn or may be subject to termination.

Applicants Name:

Signature:

Date:

DOCUMENTS CHECK LIST

1. Completed application formCurriculum vitae ☐
2. Good Standing Certificate from the current working country ☐
3. Copy of passport bio-data pageCopy of academic certificates ☐
4. Previous / Current employer reference letter / Experience letter ☐
5. PassportRecent passport size photo (In official attire) ☐
6. Police clearance certificate (3 Months Validity) ☐
7. Certified English language certificate (O level / A level / IELTS / TEFL/OET) ☐