

RC377812

Administrative Office: No 5 Alice Court, Ejikemeze Street, Aladura Estate, Anthony Village, Lagos. Tel: 08056898568, 08056898589, 09056388945 E-mail:INFO@OMECOMSECURITY.COM

APPLICATION FORM
Name: (Surname First)
Date of Birth: Place of Birth.
Marital Status: Religion.
Contact Address:
E- Mail Address.
Residential Address:
Nearest Bus Stop to Resident:
Educational Qualification:
State of Origin: Local Govt.
Home Town: Nationality.
Father's Name:Occupation
Address:
National Identification Number
Voter's card Identification Number
(P.O.BOX NOT ACCEPTABLE)
Nearest Bus Stop to Resident: Tel No:
REFEREES
Name: occupation:
Resident Address:
Contact Address:
Bank NameAccount No:

Note: Operatives who are engaged are expected to pay a non refundable amount for the uniform while in service and are also expected to return the uniform when leaving service.



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CONFIDENTIAL

OS/AF/OD/01

STAFF APPOINTMENT

QUESTIONNAIRE FOR APPLICANTS.

INTRODUCTORY NOTE

This form is part of the selection procedure. The form is planned to eenable you to record important points about yourself. It is designed to give the selection an impression of you as an individual.

The content of this form will be used as a basis for discussion if you are called for interview. You are therefore requested to be very sure of what you write here. Please make sure you put the exactly what you want us to know about you to enable us assess your application professional.

Note that this form is not "test". Our organization is interested in your personal experience and on the job training acquired in your previous employment.

Director
OMECOM SECURITY LIMITED.

GUARANTORS FORM

Name of Guarantor		(Surname First)		
Residential Address:		,		
Residential Address				
Nearest Bus Stop to Resident:				
Telephone		E- Mail Addr	ress	
Occupation:				
Employment:		Self Employed		
If you are an employee: Name and	•	7.1	•	
How long have you know the appli	cant?			
What is the relationship with the ap	oplicant?			
I		do hereby (conse	ent) on my own free wil	l to satnd as guarantor
Mr./Mrs LIMITED I also promise to indemi by applicant.				
Sign:	Da	ate:		
N/B: If in the course od deliberating summarily dismissed.	g on the information supp	plied and is found to	be false or misleading,	the applicant will be
		fice use		
Confirmation details by thee veetting	-			
		•••••		
Business Address:				
Phone No:		E-Mail	Address:	
Next of Kin:				
Contact Address:				
Tel No:				
		1001000		

SCHOOLS ATTENDEED WITH DATES AND QUALIFICATIONS

S/N	SCHOOLS & ADDRESSES	FROM	TO	CERTIFICATE

WORKING EXPERIENCE

	(, 0 ===== , 0 ==== , 0 ==== , 0 ===== , 0 ===== , 0 ===== , 0 ====== , 0 ====== , 0 ======= , 0 ========				
S/N	NAME& ADDRESSES OF EMPLOYER	FROM	ТО	JOB DESCRIPTION	

GUARANTORS FORM

Name of Guarantor.	
	(Surname First)
Residential Address:	
Nearest Bus Stop to Resident:	
Telephone	E- Mail Address
Occupation:	
	Self Employedse state type of Business)
If you are an employee: Name and Address of Company:.	
How long have you know the applicant?	
What is the relationship with the applicant?	
I	do hereby (consent) on my own free will to satnd as guarantor
	Who has applied for empolyment with OMECOM SECURITY RITY LIMITED in the event of any loss of money or property attribute
Sign:	Date:
N/B: If in the course od deliberating on the information susummarily dismissed.	pplied and is found to be false or misleading, the applicant will be
	Office use
Confirmation details by thee veetting Officer	

NAMES AND ADDRESSES OF TWO GUARANTORS

S/N	NAME	ADDRESS	OCCUPATION	RELATIONSHIP

NAMES AND ADDRESSES OF TWO REFEREES

(DIFFERENT FROM THE GUARANTORS)

S/N	NAME	ADDRESS	OCCUPATION	RELATIONSHIP

DATE:	SIGN:	
POSITION APPLIED FOR		