

KING FAISAL HOSPITAL, KIGALI

B.P. 2534, KIGALI

TEL:(250)582421; 585397; 582469

FAX:(250) 83203

EMAIL: <u>faisal@rwanda1.com</u>
Website: www.kfh.rw

APPLICATION FOR EMPLOYMENT IN KFH,K

PERSONAL DETAILS:			
Position applied for			
Surname	aiden Names		
Postal Adress/ E-mail Tel NO: (Home)			
Age(Date of Birt	h//	ID NO	
Nationality Marital S	Status		
If not Rwandese, do you have a residence	e permit?		
DETAILS OF CHILDREN:			
NAMES	AGE	SEX	
SPOUSE'S DETAILS		1	I
Full names			

NEXT OF KIN OK FRIEND IN	<u>КРН:</u>		
NameAddress	Relationship Telephone NO.		
NEXT OF KIN OR FRIEND OU			
NameAddress			
EDUCATION:	·		
	T		T
SCHOOLS ATTENDED AND ADDRESS	QUALIFICATION	ATTAINED	YEAR
FURTHER STUDIES-EDUCATI			own obtained
University/ College and address	Year Attended	Degree/ Dipi	oma obtained
PROFESSIONAL QUALIFICAT	IONS:		
List of special courses undertake Professional or Technical Societie		-	

LANGUAGES:

	SPEAK	READ	WRITE
KINYARWANDA			
ENGLISH			
FRENCH			
OTHER(SPECIFY)			

<u>SPECIAL INTERESTS</u> (Incl	luding sports,hobies, etc)	

DETAILS OF EMPLOYMENT HISTORY:

PERIOD	NAME & ADDRESS OF EMPLOYER	POSITION & BRIEF DESCRIPTION OF DUTIES	REASONS FOR LEAVING

My previous employer may be contacted for reference

Yes/No

REFERENCES:

Please, give the names of two most recent employers (or if you recently left school/college, the name of your lecturer) who can comment on your professional and work ability.

NAME	COMPANY	POSITION HELD	TEL.NO:	
Any further information you may wish to give in support of your application:				
I hereby certify that the information contained in this application is true and correct and I realize that any false statements could render any contract of employment concluded, null and void.				
SIGNATURE		DATE		