MOTHER CHILD EDUCATION AND HEALTH FOUNDATION (MCEHF)

EMPLOYEE APPLICATION FORM

Long Street, Tiko Town | Email: mcehf0316@gmail.com | Tel: +237 699 423 029

APPLICANT INFORMATION

Date: _____ **ID Number:** _____

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Phone Number: _____ **Date of Birth:** _____

Address: _____

Position Applying For: ☐ Store Associate ☐ Janitor / Security ☐ Driver ☐ Other: _____

How did you hear about us? ☐ Radio ☐ Newspaper ☐ Referral ☐ Store Advertisement ☐ Other: _____

Employment Type: ☐ Full-time ☐ Part-time

Date Available to Start: _____

Are you a citizen of Cameroon? ☐ Yes ☐ No **If no, nationality:** _____

Are you authorized to work in Cameroon? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No **Have you ever been to prison?** ☐ Yes ☐ No

EDUCATION

Level	School / Institution	City	Country	Years Attended	Graduated?
Secondary School				From: _____ To: _____	☐ Yes ☐ No
High School				From: _____ To: _____	☐ Yes ☐ No
University				From: _____ To: _____	☐ Yes ☐ No

EMPLOYMENT HISTORY / WORK EXPERIENCE

Please list your most recent work experience first.

EMPLOYER 1

Company Name: _____

Position / Job Title: _____ **Company Phone:** _____

From: _____ **To:** _____

Reason for Leaving: _____

EMPLOYER 2

Company Name: _____

Position / Job Title: _____ **Company Phone:** _____

From: _____ **To:** _____

Reason for Leaving: _____

REFERENCES

Please provide two professional references who can attest to your competence for the job and two personal references.

PROFESSIONAL REFERENCES

Full Name: _____	**Relationship:** _____
Company / Organisation: _____	**Phone Number:** _____
Full Name: _____	**Relationship:** _____
Company / Organisation: _____	**Phone Number:** _____

PERSONAL REFERENCES

Full Name: _____	**Relationship:** _____
Phone Number: _____	
Full Name: _____	**Relationship:** _____
Phone Number: _____	

DISCLAIMER AND SIGNATURE

I certify that the information and answers provided in this application are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information provided in my application or during an interview may result in termination of employment.

By signing below, I authorize MCEHF to verify information relevant to my application, including information held by educational institutions, former employers, government agencies, companies or corporations, and law enforcement agencies, where legally permitted. I release such persons and organisations from liability for providing information in good faith for employment verification purposes.

Applicant Name: _____ **Date:** _____

Signature: _____ _____

OFFICE USE ONLY

Application Reviewed By: _____ **Interview Date:** _____

Status: ☐ Shortlisted ☐ Not Shortlisted **Comments:** _____