NATIONAL REVENUE AUTHORITY

Application for Employment

(To be completed in applicant's own handwriting)

Attach Signed Passport Photograph Here

1.	Position applied for:			
2.	First Name:			
	Middle Name:			
	Family Name:			
3.	Present Address and Telephone No:			
3.	•			
				• • • • • • • • • • • • • • • • • • • •
	Mailing Address:			
	E-mail Address:			
4.	Nationality:			
	Date and Place of Birth:			
5.	Sex: Male Female			
6.	Marital Status: Single Marri	ed Divorced Widow	w Widower W	
	Names and ages of Children:	Name:	Age	
		Name:	Age	
		Name	Age	
		Name	Age	
		Name	А ое	

7.	(a)	Name, Address and Telephone No, Email Address of Next of Kin to be contacted in case							
		of emergency							
	(b) Relationship:								
8.	Name, Address and Telephone No, Email Address of Beneficiary(s) to whom benefit should be paid in case of death of employee:								
9.	Unive	ersities/Colleges attended							
				Attended	Certificate/Deg				
		Name and Address	From	То	Obtained	Class			
10.	;	Schools Attended		Date		Examination Passed			
	•••••								
	•••••								
	•••••								

Any Other Professional Qualifications/Spe	ecialized Training?	
Name and Address of Tutor, Head of Dep	artment from where re	eference may be obtained.
Previous employment (including Recent E	Employer, if any):	
Name of Employer	Date	Nature of Work
rume of Employer	Bute	rature of work
Relatives Employed in the Institution:		
Name		Relationship
Why are you interested in working in the	NRA?	
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

14.	Names, Addresses and Telephone Nos, Email Address of 2 people of standing (relatives included that can provide academic/character reference):			
15.	Medical Status			
16.	Have you ever been convicted of any criminal offence?			
17.	If appointed how soon would you be ready to start work?			
18.	Declaration I declare that the information and statement provided by me in this form are true and that false information may lead to disqualification and dismissal if already in employment.			
	Signature: Date:			
	FOR OFFICIAL USE ONLY			
Reco	mmendation of Panel:			
Positi	on Offered:			
Salar	y:			
Date	of Appointment:			