



KING FAISAL HOSPITAL, KIGALI

B.P. 2534, KIGALI
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FAX:(250) 83203
EMAIL: info@kfh.rw
Website: www.kfh.rw

APPLICATION FOR EMPLOYMENT IN KFH,K

PERSONAL DETAILS:

Position applied for.....

Surname..... Mr/ Mrs. / Miss.....
First Names..... Middle Names.....
Residential Address.....
Postal Address/ E-mail.....
Tel NO: (Home).....(Business).....

Age..... (Date of Birth...../...../..... ID NO.....

Nationality..... Marital Status.....

If not Rwandese, do you have a residence permit?.....

DETAILS OF CHILDREN:

NAMES	AGE	SEX

SPOUSE'S DETAILS

Full names.....
Employer.....
Employers' address..... Telephone NO.....

NEXT OF KIN OR FRIEND IN KFH:

Name..... Relationship.....
Address..... Telephone NO.....

NEXT OF KIN OR FRIEND OUTSIDE KFH:

Name..... Relationship.....
Address..... Telephone NO.....

EDUCATION:

SCHOOLS ATTENDED AND ADDRESS	QUALIFICATION ATTAINED	YEAR

FURTHER STUDIES-EDUCATION BEYOND SECONDARY:

University/ College and address	Year Attended	Degree/ Diploma obtained

PROFESSIONAL QUALIFICATIONS:

List of special courses undertaken, professional Registration, Certificates and membership of Professional or Technical Societies and Clubs. If office bearer, please state position held.

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LANGUAGES:

	SPEAK	READ	WRITE
KINYARWANDA			
ENGLISH			
FRENCH			
OTHER(SPECIFY)			

SPECIAL INTERESTS (Including sports,hobbies, etc)

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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:

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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.

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SIGNATURE

DATE