

SPARKS AUTOCARE LIMITED



EMPLOYEE PERSONAL DATA

NAME IN FULL:.....
SURNAME FIRST MIDDLE

DATE OF BIRTH: PLACE OF BIRTH: TOWN STATE

STATE OF ORIGIN: TOWN / LGA

NATIONALITY: RELIGION.....

LANGUAGES SPOKEN:ETHNIC GROUP:

QUALIFICATIONS (ACADEMIC):

QUALIFICATIONS (PROFESSIONAL):

RESIDENTIAL ADDRESS:

TELEPHONE: - LAND, GSM:

PERMANENT HOME ADDRESS:

TELEPHONE: - LAND, GSM:

POSTAL ADDRESS:

E-MAIL ADDRESS:

MEDICAL STATUS: WEIGHT(KG).....HEIGHT(CM):.....BLOOD GROUP:.....RH FACTOR:.....GENOTYPE.....

MARRIED DATE: (IF MARRIED)

SPOUSE NAME(S):TEL:.....

SPOUSE DATE OF BIRTH: PROFESSION:

SPOUSE ADDRESS:

S/N	CHILDREN NAME	SEX	DATE OF BIRTH
1			
2			
3			
4			

FATHER'S FULL NAME: AGE: OCCUPATION:

MOTHER'S FULL NAME: AGE: OCCUPATION:

NEXT OF KIN: NAME (in full):

RELATIONSHIP:

RESIDENTIAL ADDRESS:

OCCUPATION: TEL:

NAME (in full):.....

RELATIONSHIP:

RESIDENTIAL ADDRESS:

OCCUPATION: TEL:

I hereby certify that I have understood the contents of the above and that the particulars furnished by me are correct.

Signed..... Staff No..... Date

*WHEN COMPLETED, THIS FOR SHOULD BE FORWARDED TO CHAIRMAN / CEO FOR RECORDS PURPOSE.

*IT IS ESSENTIAL THE CHAIRMAN / CEO BE ADVISED AS SOON AS ANY CHANGES OCCUR IN THE INFORMATAION SUPPLIED

ABOVE TO ENABLE US KEEP RECORD UP-TO-DATE

*PLEASE SEND YOUR PASSPORT PHOTOGRAPHS TAKEN ON WHITE BACKGROUND IF YOU HAVE NOT YET DONE SO.