



**Tonga Development Bank**

# **CONFIDENTIAL EMPLOYMENT APPLICATION FORM**

We are pleased to invite you to complete our confidential application form as the initial step in your application to join the Tonga Development Bank.

In completing this document, it is in your interest to provide as much relevant information as possible on your career history and achievements.

We take an active personal interest in all our people and will make every effort in the selection process to guide and direct your career aspirations to a successful goal.

**NAME** : \_\_\_\_\_

**POSITION APPLIED FOR** : \_\_\_\_\_

**DATE** : \_\_\_\_\_

***(Updated 20 December 2021)***

<b>PERSONAL INFORMATION</b>				
<b>First Name:</b>			<b>Preferred Name :</b>	
<b>Surname:</b>				
<b>Address :</b>			<b>Phone :</b> Home _____ Work _____ Mobile _____	
<b>Marital Status:</b> <i>(Tick box)</i> <input type="checkbox"/> Married <input type="checkbox"/> Single		<b>Gender:</b> <i>(Tick box)</i> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Email address:</b>
<b>Place of Birth:</b> _____			<b>Date of Birth:</b> ____/____/____	
<b>Spouse Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How many siblings do you have?</b>	<b>Number of Children /Dependents &amp; Ages (please list)</b>		
<b>Home: Rent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Live with Parents</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Live with Relatives:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Others (Specify): _____	
<b>Additional Information:</b> Have you had any serious illness, medical condition or compensation claims? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide a brief description:</i>				
Have you been employed by this organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide a brief description:</i>				
<b>Please provide a valid police record, copy of Covid-19 Vaccination Record Card and a valid photo ID</b> (either one - national ID, passport, driving license). <i>All copies provided must be certified.</i>				
<b>EDUCATION AND TRAINING</b>				
<i>Please attach copies of official transcripts, birth certificate, references, and certificate/diplomas etc. All copies of documents provided must be certified)</i>				
Secondary Education		Name of School		Location
Years	From	To	Level achieved	
Tertiary Education		Name of College/University		Level achieved
Years	From	To		
<b>Business or Training Course Completed</b>				
Course Title	Conducted by	Duration	Year	During employment with

Professional or trade association/qualifications

## ACHIEVEMENTS

What do you regard to be your strengths?

What is your career objective?

What are your general areas of interest?

Please state why you are interested in the position you are applying for

## CAREER DATA

### 1. Present/Most Recent Employment

Name of Company :

Location:

Employment dates from:

to:

Finishing salary:

Additional Benefit

Reason for leaving:

Reference contact (name and number)

Position held (title)	From	To	Department	Reason for change

### 2. Prior Employer

Name of Company :

Location:

Employment dates from:

to:

Finishing salary:

Additional Benefit

Reason for leaving:::

Reference contact (name and number)

Position held (title)	From	To	Department	Reason for change

### 3. Other Previous Employers

Company

From

To

Position Held

Reason for change


## DECLARATION

I declare that the above information is correct and I authorize investigation of statements. I understand that misrepresentation of the facts is a sufficient cause for dismissal.

Signed: .....

Date : .....

Print Name: \_\_\_\_\_