

# APPLICATION FORM

Personal Particulars			
Family/Last Name:			
Middle Name:			
First Name:			
Position Applying For:			
Nationality Details			
Nationality:			
Identity Type/Number	• Maldivian I.D.#		
	• Passport#		
	• Other#		
Permanent Resident Status In:			
Language(s)			
<i>Please rate your proficiency from 1 – Worst to 10 – Best</i>	English	Dhivehi	Others: (Please specify)
	Speaking:		
	Reading:		
	Writing:		
Contact Details			
Address:			
City:			
Post Code:			
Country:			
State/Region/Province:			
<i>How should I enter my contact phone numbers?(Country Code) (Area Code) (Number)</i>			
Telephone number (Mobile):			
Telephone number (Home):			
Telephone number (Other):			
Email:			
Alternative Email:			

**Availability Status**

Notice Period :

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**Education Details**

*Please indicate from highest education level to the lowest (i.e. PhD, Master, Bachelor etc)*

Level:	
Field of Study:	
Major:	
Grade:	
CGPA or Percentage:	
Institute/University/College:	
Location:	
Graduation Date/Expected Date:	
<b>2<sup>nd</sup> Highest Education</b>	
Level:	
Field of Study:	
Major:	
Grade:	
CGPA or Percentage:	
Institute/University/College:	
Location:	
Graduation Date/Expected Date:	
<b>3<sup>rd</sup> Highest Education</b>	
Level:	
Field of Study:	
Major:	
Grade:	
CGPA or Percentage:	
Institute/University/College:	
Location:	
Graduation Date/Expected Date:	



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Professional Qualification	
<i>Please fill in the important certification(s) that you have obtained and the year they were obtained (i.e. Certified Public Accountant, Chartered Secretary &amp; Administrator, Microsoft Certified Professional, Sun Certified Java Programmer etc)</i>	
Professional Board:	
Certification Name:	
Year Obtained:	
Other Qualification/Certification	
Professional Board:	
Certification Name:	
Year Obtained:	
Other Qualification/Certification	
Professional Board:	
Certification Name:	
Year Obtained:	



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Work Experience	
<i>Please indicate from the most recent experience.</i>	
Company Name:	
Industry:	
Company Industry:	
Job Specialization:	
Position Title:	
Position Level:	
Team Size:	
Date Joined:	
Date Left:	
Monthly Salary:	
Work Description:	



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Extra-Curricular Activities (Optional)	
Name of Organization/Society/Club:	
Position/Rank:	
Date Joined:	
Date Left:	
Key Responsibilities and Achievements:	
Other Activities	
Name of Organization/Society/Club:	
Position/Rank:	
Date Joined:	
Date Left:	
Key Responsibilities and Achievements:	
Other Activities	
Name of Organization/Society/Club:	
Position/Rank:	
Date Joined:	
Date Left:	
Key Responsibilities and Achievements:	



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Application Source	
<p><i>If a Tree Top Investment (TTH) or Crown &amp; Champa Resorts (CCR) employee referred you to this job, please indicate his/her employee code &amp; work email address.</i></p>	
Where did you hear about us?	<ul style="list-style-type: none"> <li>• Employee Referral <input type="checkbox"/></li> <li>• Friends &amp; Family <input type="checkbox"/></li> <li>• JobStreet.com <input type="checkbox"/></li> <li>• Corporate Career Website <input type="checkbox"/></li> <li>• Other (Please specify <input type="checkbox"/></li> </ul>
Referral Name:	
Referral Email:	
Referral Phone No:	
Employee Code / Number (if known):	

Declaration	
Were you formerly an employee with any of the TTH or CCR Group of Companies?	<b>Yes</b> <input type="checkbox"/> <span style="margin-left: 200px;"><b>No</b> <input type="checkbox"/></span>
If yes, please specify the Division & Company:	
Are you a current employee in TTH or CCR Group?	<b>Yes</b> <input type="checkbox"/> <span style="margin-left: 200px;"><b>No</b> <input type="checkbox"/></span>
If Yes, please specify your employee number:	

Statement of Declaration	
<p>I declare that all particulars and information provided by me in this form and the documents attached hereto (if any) are true and accurate in every respect. I have not willfully suppressed any material fact or made any false declaration or misrepresented any information. In the event I am successful in securing employment with any company within the Group, I understand that if the information provided by me herein is found to be false or inaccurate, I may be liable to severe disciplinary action.</p>	
Signature:	
Date:	