## MOTI Engineering PLC

Applicant Name:

## Applicant's Summary of qualification

(Education, Work Experiences, training, technical skill & competency) , e-mail

; cell ph.: +251

| Position you applied for:              |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
|--|---|-----------------------------|------------------|-------------------------|---------------|------------------------|--------|-------------------------------|-------------|------------------|--|
|  |   | arting from latest one)     |                  | _                       |               |                        |        |                               |             |                  |  |
| <b>Year (</b> from to)                 |   | Name of College / Institute |                  | place                   | Field of      | of study               |        | certification                 |             | Remarks          |  |
|  |   |                             |                  |                         |               |                        | -+     |                               |             |                  |  |
|  |   |                             |                  |                         |               |                        | $\neg$ |                               |             |                  |  |
| WORK EXPERIENCE (starting from recent) |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| Time Period (start – end)              |   | Employer & works place      |                  | Occupation / Job posi   |               | ition Organ. Type & wo |        | rk nature   Net Period (year+ |             |                  |  |
| ena)                                   |   |                             |                  |                         |               |                        |        | ivionin)                      |             |                  |  |
|  |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | aining & certi  | fications,                  |                  |                         |               | are c                  |        |                               | ore than    | 8:00 hours)      |  |
| #                                      | training title & type   |                             | Instit           | Institution & organizer |               | duration               |        | achievement                   |             |                  |  |
| 1                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 3                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 4                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | chnical skill &   | competen                    | cies helns voi   | i to be the             | fittest for t | he (a                  | nnlv   | ina) nositi                   | on          | Rate (C, B & A)  |  |
| 1                                      | omnour okm w  | Competent                   | oloo Holpo you   | a to be the             | inttoot for t | <u> </u>               | рріу   | irig) poolu                   | <u> </u>    | Itato (o, b a A) |  |
| 2                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 3                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 4                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| Ac                                     | hieved SIGNIFIC   | CANT work (                 | (Recognized Pr   | rofessional             | work) publica | ations                 | if any | r; (projects                  | , policy,   | research &)      |  |
| 1                                      |   |                             | <u>-</u>         |                         |               |                        |        |                               |             |                  |  |
| 2                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 3                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| Re                                     | ferences (stat  | e your rece                 | ent 2 reference  | e details):             |               |                        |        |                               |             |                  |  |
| #                                      | Full Name   | yo                          | ur relation with | Telep                   | ohone No.     | Em                     | ail ad | dress                         | Present     | t work & address |  |
| 1                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 2                                      |   |                             |                  |                         |               | _                      |        |                               |             |                  |  |
| 3                                      |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| Dia                                    | rection How to  | Complete                    | •                |                         |               |                        |        |                               |             |                  |  |
|  | Direction How to Complete:  |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  |   |                             |                  |                         |               |                        |        |                               |             |                  |  |
| Col                                    | nfirmation of sta   | itement:                    |                  |                         |               |                        |        |                               |             |                  |  |
| 1                                      | I hereby certify that the statements given above are true and correct to the best of my knowledge and also  |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | understand agree, if found otherwise, will establish good cause for the company to terminate the contract o |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | employment without notice.  |                             |                  |                         |               |                        |        |                               |             |                  |  |
| 2                                      | since dumining and company to contact resolution provides company to an incompany                           |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | statements  | are true                    | and correct.     | Sign                    | ea:           |                        |        |                               | <del></del> |                  |  |
|  | Applicants Full Name Signature  |                             |                  |                         |               |                        |        |                               |             |                  |  |
|  | Applicants Full Name Signature  |                             |                  |                         |               |                        |        |                               |             |                  |  |