Welthungerhilfe Recruitment form

(Pre-Employment Questionnaire)

Vacancy Number( )

e:

Last First Middle

of Birth: / / **Contact:**

Day Month Year Phone Email Address

tal Status: ☐ ☐ **GENDER:** ☐ ☐

Single Married Male Female

ent Address: **House#** …….. **Street#**..... **District** …… **Province**
……

e you any dependents with any other WHH employees? YES ☐ NO ☐

ES" please give the bellow information

Name	Phone No	Relationship	Name	Phone No	Relationship

OWLEDGE OF LANGUAGES: (*you can write other languages you know in the blank spaces*)

	READ		WRITE		SPEAK		UNDERSTANDING	
GUAGES	Fluent	Not Fluent	Fluent	Not Fluent	Fluent	Not Fluent	Fluent	Not Fluent
	☐	☐	☒	☐	☐	☐	☐	☐
to	☐	☐	☐	☐	☐	☐	☐	☐
sh	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐

CATIONAL AND TRAINING INFORMATION:

Name & Country	**FROM/TO**		**DEGREES OBTAINED**	**MAIN FIELD OF STUDY**
	Mo./Year	**Mo./Year**		

PLOYMENT RECORD:

ROM	TO	BASIC SALARY	POSITION:
ORGANIZATION:			NAME OF LINE MANAGER:
OF ORGANIZATION:			REASON OF LEAVING:

EXPLANATION OF RESPONSIBILTES

ponsibilities

FROM	TO	BASIC SALARY	POSITION:
F ORGANIZATION:			NAME OF LINE MANAGER:
OF ORGANIZATION:			REASON OF LEAVING:

EXPLANATION OF RESPONSIBILTES
onsibilities

FROM	TO	BASIC SALARY	POSITION:
F ORGANIZATION:			NAME OF LINE MANAGER:
OF ORGANIZATION:			REASON OF LEAVING:

EXPLANATION OF RESPONSIBILTES
onsibilities

FROM	TO	BASIC SALARY	POSITION:
F ORGANIZATION:			NAME OF LINE MANAGER:
OF ORGANIZATION:			REASON OF LEAVING:

EXPLANATION OF RESPONSIBILTES
onsibilities

FROM	TO	BASIC SALARY	POSITION:
F ORGANIZATION:			NAME OF LINE MANAGER:
OF ORGANIZATION:			REASON OF LEAVING:

EXPLANATION OF RESPONSIBILTES

onsibilities

ERENCES: List three people, who know your character and qualification from previous / current organization

Do not mention the name of the Line managers which is mentioned above in part 08

NAME	NAME OF ORGANIZATION	PHONE NO	POSITION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

at all information provided in this employment application is true and complete. I understand that any false information or omission may me from further consideration for employment.

DATE:_____ SIGNATURE: _____