

***Confidential***

Photo

### **MRC PERSONNEL HISTORY FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| **Family Name:**  ------------------ | **Given Names:**  ------------------ | | **Title: Dr./Mr./Ms.** | | **Gender:** | |
| **M** | **F** |
| **Date of Birth: (dd/mm/yy)** | **Place of Birth:** | | **Current Nationality(ies):** | | **Country of Permanent Residence:** | |
| **Permanent Address**:  *(registered address)*  Telephone: | | | **Current Address:**  *(usual address where family is regularly residing):*  Telephone: | | E-mail:  Telephone:  Mobile: | |
| **Marital Status:**  Single  Married  Divorced  Widowed  N/A | | | | | | |
| **Family Members**: *(Spouse and legal children)* | | | | | | |
| **Full Name** | | **Date of Birth** | **Nationality** | **Occupation/Position and Name of Organisation or Company** | **Relationship** | |
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| **Name of person to be notified in case of emergency**. Please provide complete contact address/ telephone numbers.  Full Name:  Relationship:  Telephone Number:  Address: | | | | | | |
| **Do you have any objection to our inquiries to your current or most recent employer**?  Yes  No  If yes, please provide below information:  Name:  Position:  Contact number/email address: | | | | | | |

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| **MRC employment history**: Have you ever been an employee of MRCS; or hired by MRCS as a consultant, temporary staff, contractual, or others; or NMCS? If yes, please indicate type of employments, positions, periods, and remuneration rates. | | | | |
| **Position** | **Division/OC** | **Years/Months of Service** | | **Completion Date (month/year)** |
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| **Referees**: Please give details of three people, who are familiar with your working experience, working style, qualifications, attitude, and etc, and whom the MRC may contact at any time, preferable your direct supervisors or co-workers: | | | | |
| **Full Name/Position/Relationship** | **Full Address** | | **E-mail and Telephone Contacts** | |
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| **Availability**: If you were selected for the position applied, how soon will you be available to start works after the notification?  Yes  No | | | | |
| **Are you physically able and willing to travel?**  By Car: Yes  No  By Air: Yes  No  I certify that the statements made by me in this application form are true, complete, and correct to the best of my knowledge and belief. Permission is given to the MRC to make such investigations as necessary on the information provided. I understand that any misrepresentation or material omission made herein or in any other document requested by the MRC can render a staff member liable to termination of service or dismissal.     |  |  | | --- | --- | | Signature | Date |   **Remark:** You will be requested to supply documentation/evidence which supports your statements above-mentioned if you are offered the position. | | | | |