

## ELIOSCAR AGENCY COMPANY LIMITED APPLICATION FORM

PASSPORT SIZE PHOTOGRAPH

P.O. Box 9164, Kampala, Uganda.

www.elioscaragency.com Email: elioscaragency@gmail.com

## **SECTION 1: PERSONAL INFORMATION**

FULL NAME:	
GENDER:	
DATE OF BIRTH:	
MARITAL STATUS:	
NATIONALITY:	
NIN:	
CONTACTS:	
EMAIL ADDRESS:	
ADDRESS:	JOSCAR
RELIGION:	
HEIGHT (CM):	GENCY
WEIGHT:	
DO YOU HAVE A PASSPORT?	YES NO NO
IF YES:	PASSPORT NUMBER:
	ISSUE DATE
	EXPIRY DATE
DO YOU HAVE A DRIVING PERMIT?	YES NO

IF YES:	PERMIT N	UMBER		
	ISSUE DA	TE		
	EXPIRY D	ATE		
SECTION 2: EDUCATION BACKGROUND				
QUALIFICATION:	INSTITUTE/ UNIV	ISTITUTE/ UNIVERSITY YEAR OF STUDY		
		20		
	Ming	# 1		
		27 1		
SECTION 3: PREFERRED PROGRAM				
PREFERRED POSITION: (Tick all if you don't have a specific preference)		□ Dairy farm □ Piggery farm □ Poultry farm Others (specify);		
PREFERRED COUNTRY: (Tick all if you don't have a specific preference)		□ Denmark □ Sweden □ Netherlands □ Germany □ Poland		
SECTION 4: WORK EXPERIENCE & SKILLS  1. Do you have any relevant work experience? YES   NO   If yes, provide details.				
Farm	Duration (Star	t & End Dates) Key	Responsibilities	
COM	PAN	Y LIM	ITED	
SECTION 5: HEALTH & MEDICAL INFORMATION  Do you have any medical conditions that may affect your ability to work?  YES □  NO □				

SECTION 6: REFERENCES Please provide the names and contact details of references who can speak about you;				
A. REFERENCE ONE (NEXT OF KIN)				
Name:				
Relationship;				
Address:				
Contact:	Charles and the second			
Email Address:				
B. REFERENCE TWO				
Name:				
Relationship:	4			
Address:				
Contact:				
Email Address:				
DECLARATION & CONSENT    I confirm that the information provided is accurate to the best of my knowledge. I agree to abide by the regulations of Elioscar Agency regarding the internship placement process.  Applicant's Signature:   Date:				

If yes, specify\_\_\_\_\_