



NAME:
(SURNAME) (FIRST NAME) (OTHER NAMES)

DATE OF BIRTH: **GENDER:**

PHONE NUMBER(S):

STATE OF ORIGIN: **LOCAL GOVT AREA:**

HOME TOWN: **RELIGION:**

BANK ACCOUNT NUMBER:

NIN NUMBER:

RESIDENTIAL ADDRESS:
.....
.....

PERMANENT HOME ADDRESS:
.....
.....

ARE THERE ANY HEALTH ISSUES YOU WILL LIKE YOUR EMPLOYER TO KNOW ABOUT? YES NO

IF YES, KINDLY SPECIFY:
.....

ARE YOU INDEBTED OR LEGALLY BOUND TO ANY PERSON OR GROUP OF PERSONS? YES NO
IF YES, KINDLY SPECIFY:
.....

SUBJECT:

1. What is your relationship to the staff:
2. How long have you known the staff:
3. Would you recommend the staff to us for employment?
4. Please, comment on the staff's character and capabilities
5. Based on your knowledge and interaction with the staff, please, rate her on the following parameters:

	Excellent	Very Good	Good	Fair	Poor
i. Honesty	[]	[]	[]	[]	[]
ii. Reliability	[]	[]	[]	[]	[]
iii. Trustworthiness	[]	[]	[]	[]	[]
iv. Creativity	[]	[]	[]	[]	[]
v. Decisiveness	[]	[]	[]	[]	[]
vi. Dependability	[]	[]	[]	[]	[]
6. What will you regard as the staff's area of weakness(es):
7. Kindly state any other useful/helpful information:

Referee's Personal Information

8. Name:
9. Address:
10. Profession/Status:
11. Present Employer:
12. Employer's Address:

I have willingly consented to act as a referee to the above-named person who has sought employment with you and hereby certify that the information given above are true to the best of my knowledge, and accept responsibility for any loss sustained through any act or acts of theft, misbehaviour or dishonesty committed by the employee with you.

Signature Date:
Telephone No:

P.S. kindly attach a photocopy of your identity card and one passport photograph duly signed behind.

IN THE CASE OF AN EMERGENCY – CONTACT/NEXT OF KIN

NAME:

PHONE NUMBER(S):

ADDRESS:

.....

RELATIONSHIP:

DECLARATION/ATTESTATION

I declare that I have provided the above information, and the information contained therein is correct, and that should any of the above information be found wanting, I shall be held liable to make good any loss incurred on the part of my employer, and/or forfeiture of my wages or summary termination of my employment.

Signature **Date:**

Witness Name: **Sign/Date:**

Employ's Sign: **Date:**

Kindly attach a photocopy of your Identity Card (Drivers' license, international passport, National Identity or Voter's Card).