

RWANDA REVENUE AUTHORITY EMPLOYMENT APPLICATION FORM

Post applied for:.....

First name:	Family name :
Address :	Fixed Tel :
Postal Box N°:	Mobile :
Identity card N°:	E-mail :
Date of birth :	Nationality:
	Marital status:
Do you have a close relative who currently works for RRA? If yes please state their name and their relationship to you.	Where did you learn about this vacancy?

REFEREES

Please give the names and details of two most recent employers (or if you have recently left university/college, the name of your teachers)

Name :	Name :
Address :	Address :
Mobile :	Mobile :
E-mail :	E-mail :

EMPLOYMENT HISTORY

Please give details of at least **three** positions (**if any**) held since completing your full time education. Start with your **present or most recent job** and work place.

Dates from - to	Name and address of company/individual	Position and brief description of duties	Salary	Reason for leaving

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EDUCATION AND TRAINING

Secondary Education

Dates From-to	Name and address of school	Give details of main subjects studied	“A” level and other exams passed and year

Education beyond secondary level

Dates From-to	Name and address of College/University or other institution	Major subjects studied	Details of exams passed and dates

Please state other academic or professional qualifications you hold

Dates	Qualification

Please state membership of professional organizations and status

Dates	Professional organization	Membership (eg Fellow, Member)

Please provide details of training received and courses attended

Dates	Major Training courses
<p>Other skills and competencies, eg:</p> <p>IT skills like word, excel etc:</p> <p>Driving license:</p> <p>Languages:</p>	

ADDITIONAL INFORMATION

<p>Do you have a permanent or persistent health problem? If so, please describe.</p>
<p>Have you ever worked for Rwanda Revenue Authority? If yes, please state the dates and what post you held.</p>
<p>Please provide brief comments to support your application.</p>

DECLARATION

I confirm that the information provided in this application form is accurate and failure to provide accurate information may lead to **disqualification or dismissal** if employed.

Signature.....Date.....

Please return this completed application form by the closing date to the Human Resources and administration department, PO Box 3987, Kigali-Rwanda.