



RC: 1641302

LAVINDA EYE SPECIALIST AND LASER CENTRE

37 Ikhaliile Street, by Golf Estate Area
(Just before Golf Estate main gate)

Port Harcourt, Rivers State
08144477840, 08028612119

Office Whatsapp: 08144477840

www.lavindaeyehospital.com.ng

lavindaeyespecialisthospital@yahoo.com

Insert Passport
Photo Here

Job Application Form

Instructions:

Please complete this form clearly and honestly. Attach a copy of your CV and relevant credentials.

Personal Information:

Surname: _____

Other Names: _____

Date of Birth (DD/MM/YYYY): _____

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Religion: _____

Health Status: Excellent Good Fair Poor

Home Town / LGA: _____

State of Origin: _____

Phone Number: _____

Email Address: _____

Residential Address: _____

Position Details:

Job Title Applying For: _____

Department: _____

Are you applying for: Full-time Part-time Consultant
 Internship

Years of Relevant Work Experience: _____

Education & Qualifications:

Institution Name | Qualification | Year Completed

Professional Licenses & Certifications:

License/Certification	Issuing Authority	License Number	Issue Date	Expiry Date	Country/State	Verified (Yes/No)
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Please attach scanned copies of your current licenses and certifications along with this application. If your license is pending renewal, indicate the expected renewal date.

Work Experience (most recent three)

Organization | Role/Title | Duration | Reason for Leaving

Next of Kin Details:

Name: _____

Relationship: _____

Phone Number: _____

Declaration

I, _____, hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may disqualify me from employment.

Signature: _____

Date: _____