EG LNG							
EXTERNAL EG LNG Job Application Form							
IMPORTANT NOTICE:							
EGLNG makes all employment related decisions based upon experience and ability, and will not discriminate because of race, color, sex, political opinion, national ascendance, social origin or labor affiliation, whose purpose is to annul or alter that equality.							
Complete Name:							
Firs	t Name(s)		Last Names				
EG D.I.P Number:							
		_					
	Posi	tion Applying for					
Position:							
Have you ever worked for an	y Punta Europa Entity I	pefore?					
Indicate the company you we	orked for: AMPCO	No EGLNG	Yes MEGPL				
	Pers	onal Information					
Address:							
Telephone Number	Alternat	te Telephone Number:					
		-					
Email Address:							

			Education	
1) Name of High School:				
Location:				
Did you earn a certificate?			Year graduated	
	Yes	No		
Write Type of certificate or last lev	el attende	ed in high	school:	
2) Name of University:				
Location:				
Did you earn a certificate?			Year graduated	
	Yes	No		
Type of certificate or degree earne	ed:			
Subjects studied:	-			
3) Name of Professional / Technica	I College:			
Did you earn a certificate?			Year graduated:	
	Yes	No		
Write Type of certificate or degree	e earned:			
Subjects studied:				
4) Other Course attended if any				
Name of college:				
Location:				
Did you earn a certificate?			Year graduated:	
	Yes	No		
Write Type of certificate or degree	e earned:			
Subjects studied:				

Previous Work Experience							
Note: Please start wit	the most recent job						
1) Company Name:	F	From:	То:				
Location:	Suj	pervisor's Name					
May we contact them	? Yes No If y	ves write the phone number/s:					
Job Title:		—					
Responsibilities:							
Monthly Salary:	FCFA						
Are you still working f	or this company? Yes	No					
Reason for leaving:	Resigned La	aid off Transferred					
If other exp	olain:						
What type of equipme	ent did you operate:						
2) Company Name:	F	From:	То:				
Location:	Su	pervisor's Name					
May we contact them	? Yes No If y	ves write the phone number/s:					
Job Title:							
Responsibilities:							
Monthly Salary:	FCFA						
Reason for leaving:	Resigned	aid off Transferred					
If other ex	olain:						
What type of equipme	ent did you operate:						
3) Company Name:	F	rom:	То:				
Location:	Su	pervisor's Name					
May we contact them	? Yes No If y	ves write the phone number/s:					
Job Title:							
Responsibilities:							
Monthly Salary:	FCFA						
Reason for leaving:	Resigned	aid off Transferred					
If other ex	olain:						
What type of equipme	ent did you operate:						

		Ger	neral Quest	ions				
1) Have you ever received any	training that	you think w	vill help you	u succeed in	the job yo	ou are apply	/ing for?	
2) List software you can use:								
3) Languages		Spo	oken		Written			
Skill Level	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
Spanish								
English								
French								
Other - specify below								
4) Why are you interested in th	nis position?							
Note	e: Read the s	tatement b	elow caref	ully before	signing th	is form		
· I understand and agree th	nat should I f	ail to meet	the Compa	any's physic	al test at s	ite or abroa	ad, or if for	any
reason, it is determined that	-		•	any shall no employ me.		for loss or	damages t	ecause
Further, I certify that all knowledge, and any misrepr								-
be cancelled and cause for r	my immediat	e dismissal	. I underst	and that sh	ould this a			
	has no ob	ligation to f	turnish rea	son(s) for r	ejection.			
Applicantle sie	apatura	-			Data		-	
Applicant's sig	gnature				Date			