



P.O Box 1032, MWANZA
 Tel: +255-752-671832/+255-782-932727
 Email: info@ysmtz.com

EMPLOYMENT APPLICATION FORM

Please complete this form in full and attach any required documents.

Position Applied For: _____

Date of Application: _____

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Nationality: _____

Your Education Level _____

Phone Number: _____

Email (if any): _____

Residential Address: _____

EMERGENCY CONTACT

Full Name: _____

Phone Number: _____

Email (if any): _____

Residential Address _____

Relationship _____

EMPLOYMENT HISTORY (if any)

Previous Employer	Position Held	Duration	Reason for Leaving



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SKILLS & QUALIFICATIONS

List any skills or qualifications relevant to the job:

AVAILABILITY

When can you start work? _____

Preferred Work Type: ☐ Full Time ☐ Part Time ☐ Shift Work

REFERENCES

Please provide details of at least one referee:

Name: _____

Phone: _____

Relationship: _____



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DECLARATION

I hereby declare that the information provided in this form is true and correct to the best of my knowledge. I understand that false information may result in disqualification or termination of employment.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Application Received by: _____

Title _____

Date _____

Verified by (HR) _____

Remarks _____

Signature _____

Administrative Assistant to CEO approval & Signature
