



Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	County	Zip Code
Home Phone: (____) _____ - _____		Are you a Rwandan Citizen or legally eligible to work in the Rwanda? ____ Yes ____ No (<i>if hired, you will be required to provide documentation that you are eligible to work in Rwanda.</i>)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For:		Desired Salary:	Date Available to Work:
Have you been previously interviewed or employed by the FXB? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the FXB? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now? _____ If so, may we contact your present employer?			

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		Supervisor:
Telephone:	Job Duties:	
Starting Salary (per year):		
Final Salary (per year):		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		Supervisor:
Telephone:	Job Duties:	
Starting Salary (per year):		
Final Salary (per year):		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		Supervisor:
Telephone:	Job Duties:	
Starting Salary (per year):		
Final Salary (per year):		
Reason for Leaving:		

Is there any reason we cannot contact your previous employers: _____

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

It is the policy of the FXB not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability. FXB hires the candidate who most successfully matches all the required qualifications and whom we believe will most likely succeed within FXB’s organization.

CERTIFICATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for termination. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date