

LESOTHO HIGHLANDS DEVELOPMENT AUTHORITY



EMPLOYMENT APPLICATION FORM

Sheet 1 of 3

*NOTE: Read all items in italics carefully and respond accordingly.
Complete all sections and attach relevant documents as requested in the specified sections.
Add a separate sheet with additional information if available space is insufficient.*

POSITION APPLIED FOR: _____

DATE: _____

PERSONAL DETAILS

Surname: _____

First Names: _____

Postal Address: _____

Date of Birth: _____

Sex: _____

Nationality: _____

Email Address: _____

Telephone (Work): _____

Telephone (Mobile): _____

EDUCATION TRAINING AND PROFESSIONAL DEVELOPMENT

Education:

Attach certificates and transcripts where available

Level	Institution/College/School	From	To	Qualifications/Certificates Obtained
Primary School				
High School				
College				
University				
Postgraduate				
Other				

Training and Short Courses:

Attach copies of certificates.

Course Title	Institution/Organisation	From	To	Type of Certificate

Professional Qualifications & Affiliations:

Attach copies of certificates

Institution/Organisation	Date Qualified	Qualification/Status

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Sheet 3 of 3

NAMES OF REFERENCES

Please supply names of two referees whom we may Contact.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: (W) _____ (H) _____

Telephone: (W) _____ (H) _____

Employer: _____

Employer: _____

ARE YOU LIVING WITH ANY DISABILITIES?

YES.....NO.....

If yes, please provide details.

NEXT OF KIN

Name: _____

Contact Numbers: _____

Relationship: _____

PROVISION OF DOCUMENTS

- Please attach copies of the following documents:
- Identity Document or Passport
 - Current Driving License

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorisation is necessary for completion of the application process.)

I, _____, hereby authorize the LHDA to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the LHDA may utilise an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by any such entities of the LHDA's choice.

I certify that the statements made by me in answer to the foregoing questions are true, complete, and correct to the best of knowledge and belief. I understand that any false statements or withholding of any relevant information may provide grounds for withdrawal of any offer of appointment or for immediate dismissal as per the LHDA Human Resources Policies if an appointment has been taken up for misconduct.

Signature:.....Date:.....

FORM RETURN

Please email back this form together with all relevant attachments to: recruitment@lhda.org.ls on or before the closing date stipulated in the advert.