

# RAYRHO TRANSPORT LTD

## QUESTIONNAIRE FOR APPLICANT



1. SURNAME:.....
2. OTHER NAMES.....
3. SEX.....
4. MARITAL STATUS.....
5. DATE OF BIRTH.....
6. VILLAGE/TOWN.....
7. LOCAL GOVT. AREA.....
8. RELIGION.....
9. STATE OF ORIGIN.....
10. NATIONALITY (IF NOT Nigerian).....
11. FURTHER PARTICULARS RELATING TO HOME/BACK GROUND OF NON NIGERIAN:  
.....  
.....  
(Description of the town and village in his country)
12. RESIDENTIAL ADDRESS.....  
.....
13. NEXT OF KIN (if single) .....
14. BUSINESS/OCCUPATION OF Next of Kin (if single) or spouse (if married):  
.....  
.....
15. Office/business address of next of kin/spouse as applicable.....  
.....  
.....

16. Residential Address of next of kin/spouse (if different from yours)

.....

17. Name, address and occupation of Guarantor

.....

.....

18. Name and address to two Referees (one of whom must be any of the following). President of your Town's Union in the town where you live, Chief of your town, Clergy/man of a recognized church in your town, a prominent person or civil servant in your village/town or secretary of your Local Government Area.

[i] .....

[ii] .....

[iii] .....

[iv] .....

19. Have you worked before?

.....

20. If yes, state in details where, what year and position held:

.....

.....

21. Did you withdraw your service or you were terminated?

.....

22. What was the reason?

.....

.....

23. State in detail your qualification with dates?

.....  
.....

24. State in detail school attended with dates?

.....  
.....

25. What year did you finally leave school?.....

26. Since leaving school, what else have you tried your hands on (apart from or in addition to previous employment)?

.....

Do you have any plan going back to school or continuing your education?.....

(If yes, how soon and in what manner)?

.....

27. What is your blood group?.....

28. Do you have eye problem or defect in hearing?.....

29. Have you ever suffered from any infectious disease?.....

(If yes, state the nature of the disease and medical steps you took)

.....  
.....  
.....

30. Are you suffering from epilepsy?

.....

31. Do you own a current driving license?..... If yes, give the number, date and place of issue.....

.....

32. Do you own International passport? ..... If yes, give the number, date and place of issue.....

Any other useful information that will assist in speedy consideration of your

application/confirmation:.....

.....

Declare that the information herein supplied by me are to the best of my knowledge and belief true I hold myself responsible and accountable if any is found to be false

Dated this..... day of ..... 20.....

Signature:.....