



Republic of Liberia
MINISTRY OF LABOUR
National Bureau of Employment



Jobseeker Registration Form

College/University Graduate

1. Personal Information

First Name		Last Name		Middle Name	
Gender		Date of Birth		Nationality	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Day	Month	Year	
Address					
Area		Community		Block #	
Telephone Number / Email Address					
Telephone Number			Email		
Driver's License					
Do you have a driver's license?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any disability			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, is your disability			Physical <input type="checkbox"/> Visual (Blind) <input type="checkbox"/> Aural (deaf) <input type="checkbox"/> Psychological <input type="checkbox"/> Intellectual <input type="checkbox"/>		

Education History

Formal Education					
What is your highest level of education AA <input type="checkbox"/> College / University <input type="checkbox"/>					
If you have attended University/College, please provide details (e.g. name of university, faculty, course, number of years).					
Do you have qualification from another country (other than from Liberia)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes what type of qualification and which country					
Training					
Have you attended any training courses? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Types of Course	Name of Provider	From (Month/year)	To (Month/year)	Place (city, country)	Certificate Received
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Skills					
Have you completed a computer training course? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes what type of computer programs can you use?					
Language					
What type of language(s) do you speak / write					

Employment History

3.1 Work Experience

Position	Employer	Location	Starting Date	Finishing Date	Responsibilities

What is your area of specialization

Work Availability

Are you available for work now? Yes ☐ No ☐

In which provinces are you willing to work?

Are you interested in working overseas?

Interests

Training

Are you interesting in receiving training? Yes ☐ No ☐

If yes, what sort of training are you interested in?

Statement:

I certify that, to the best of my knowledge, the above information is complete and correct, and I accept that the information provided will be saved in an electronic database to be used for employment purposes.

Signature

Date



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High School/Vocational/Technical Students

Personal Information:

Date: _____

1. Name _____
Last First Middle
2. Date of Birth _____
Date Month Year
3. Place of Birth _____
Town/Village County Country
4. Home Address _____ Cell _____
5. School attended/attending _____ Year _____
6. What is your highest level of education ☐ None ☐ Primary ☐ Secondary ☐ High School ☐
Vocational/ Technical Education ☐ Specify: _____ Which
Institution(s) _____ Year Attended _____
7. Nationality _____
8. Father's Name _____ Cell # _____
9. Mother's Name _____ Cell # _____

Career Information

1. Have you worked before, (yes or no) if yes where? _____
Which type of job? _____
2. Why do you need a job _____
3. At your job site do you acquire additional Training? Explain:

4. Are you a professional person? Yes ☐ No ☐ If please state your profession(s)

Additional Information

1. Do you have any disability? Yes ☐ No ☐
2. If yes, is Disability physical ☐ Visual(blind) ☐ Aural(deaf) ☐ Psychological ☐ Intellectual ☐

Statement:

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Signature

Date