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KWARA STATE STAFF DATA FORM

SECTION A: IDENTITY INFORMATION

Staff ID-No:
First Name:
Middle Name:
Surname:

Nationality..... Permanent Home Address:.....
.....
.....

State of Origin:
L.G.A of Origin: Town:.....
Passport No:.....
License No:..... Full Residential Address:

Post Applied for:.....
(at time of employment)

SECTION B: OFFICIAL INFORMATION

Position on Employment:..... Current Salary (PM):.....
Date of Employment: Current Salary (PA):
Salary on Employment: BVN:
Date Confirmed: Department:
Last Promotion Date: Salary Grade Level:..... Step:.....
Bank: Are you a staff of the State Government:
Bank Account No: Are you a staff of the Local Government:

SECTION C: PERSONAL INFORMATION

Date of Birth: Next of Kin:.....
Place of Birth:..... Relationship with Next of Kin:.....
Gender: Marital Status: Next of Kin's Address:.....
.....
Blood Group:
Genotype (Optional): Referee's Name/Address:.....
No of Children:.....

In partnership with...



For more information, please visit
www.kwarastate.gov.ng

Please Turnover



SECTION D: SPOUSE AND CHILDREN DETAILS

(Use extra sheet if require. Make sure you attach it)

NAME	RELATIONSHIP	BIRTH DATE	SEX	AGE

SECTION E: EDUCATIONAL RECORDS

CATEGORY	NAME OF SCHOOL/INSTITUTION	PERIOD	COURSE	QUALIFICATION

SECTION F: JOB EXPERIENCES

DATE	COMPANY/ORGANIZATION	POSITION	RESPONSIBILITIES

SECTION G: DECLARATION

I.....hereby declare that the information provided is accurate and truthful to the best of my knowledge

Sign..... Date.....

	NAME	SIGNATURE	DATE
VERIFIER/AUTHORIZATION			
DIRECT SUPERVISOR			
HEAD OF DEPARTMENT			

In partnership with...

