



LESOTHO REVENUE AUTHORITY – JOB APPLICATION FORM

1. POSITION

Application for (Position name):

2. PERSONAL DETAILS

Title:

Full Names:

Marital Status:**Nationality:****Passport No:**

Address:

Contacts:

Cell:

Home:

Office:

Cell:

Fax:**Fax:****Email(s):****Emergency Contact:**

Name:

Cellphone:

Relationship:

Work:

Are you living with any disabilities?(Yes/No):

If yes, please specify:

How did you learn about the Authority?

Have you ever been convicted of any crime?

Yes:

No:

If yes please explain in the space provided.



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3. CURRENT EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone (s):

Email:

Position(s):

Duration (s):

Start date(yyyy/mm/dd):

End Date(yyyy/mm/dd):

Duties(Please list all information that pertains to what you do, at least seven (7) duties):



List of achievements (if any):



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4. PREVIOUS EMPLOYMENT

Previous employer (1):

Employer Address:

Phone (s):

Email:

Position(s):

Duration (s):

Start date(yyyy/mm/dd):

End Date(yyyy/mm/dd):

Duties(Please list all information that pertains to what you do, at least seven (7) duties):



List of achievements (if any):



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Previous employer (2):

Employer address:

Phone(s):

Email:

Position (s):

Duration:

Start date(yyyy/mm/dd):

End Date(yyyy/mm/dd):

Duties(Please list all information that pertains to what you do, at least seven (7) duties):



List of achievements (if any):



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Previous employer (3):

Employer address:

Phone(s):

Email:

Position (s):

Duration:

Start date(yyyy/mm/dd):

End Date(yyyy/mm/dd):

Duties(Please list all information that pertains to what you do, at least seven (7) duties):



List of achievements (if any):



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Previous employer (4):

Employer address:

Phone(s):

Email:

Position (s):

Duration:

Start date(yyyy/mm/dd):

End Date(yyyy/mm/dd):

Duties(Please list all information that pertains to what you do, at least seven (7) duties):



List of achievements (if any):



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5. EDUCATIONAL EXPERIENCE

A. TERTIARY

Qualification:		Did you complete: Please use √	
College or University name(1):		YES:	NO:
Course(s)/Programme(s)/qualification name:			
Start Date:			
End Date:			
College or University name(2):		YES:	NO:
Course(s)/Programme(s)/qualification name:			
Start Date:			
End Date:			
College or University name (3):		YES:	NO:
Course(s)/Programme (s)/qualification name:			
Start Date:			
End Date:			

B. HIGH SCHOOL

High School name(1):		YES:	NO:
Course(s)/Qualification			
Start Date:			
End Date:			
High School name(2)		YES:	NO:
Course(s)/Qualification			
Start Date:			
End Date:			



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High School name(3)

YES:

NO:

Course(s)/Qualification

Start Date:

End Date:

6. GENERAL TRAINING:

TRAINING (TYPE OF PROGRAMME)	START DATE	END DATE	FURTHER TRAINING (IF REQUIRED)
1.			
2.			
3.			
4.			

Motivation (Why should we consider you for employment - the information that you would put in a letter of application):



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7. REFERENCES

Reference 1.

Title:			
Full Names:			
Work address/name:			
Contacts:	Cell:		Office:
	Cell:		Office:
	Email(s):		

Reference 2.

Title:			
Full Names:			
Work address/name:			
Contacts:	Cell:		Office:
	Cell:		Office:
	Email(s):		

Reference 3.

Title:			
Full Names:			
Work address/name:			
Contacts:	Cell:		Office:
	Cell:		Office:
	Email(s):		

8. ADDITIONAL INFORMATION:

Any other information that you think can be useful to the LRA:

I, _____ authorize the Lesotho Revenue Authority to verify all information provided in this form.

Signature/ Name of Applicant

Date

