



The Federal Republic of Ethiopia
Ministry of Education
Addis Ababa

Form A

WORK PERMIT APPLICATIONS

- 1. Applicant's full name _____
- 2. Nationality _____ Age _____ Service Passport No. _____
- 3. Place of birth _____ Date of birth _____
- 4. Religion _____ Church or Denomination _____
- 5. Married (Single) _____ Wife's or Husband's name _____
- 6. Children's name and age

- 7. Permanent address _____
- 8. Educational background

S.N	LEVEL	Name of the School	From – To	Certificate Obtained
1.	Secondary School			
2.	College			
3.	University			
4.	Other Institutions			

- 9. Field of Specialization _____
- 10. Language Ability

Language	Understanding	Speaking	Reading	Writing

11. Other Skills _____

12. Experience

Profession	Subject taught or work engaged in	Grade level taught or position of work	Years of service From - To
Teaching			
Administration			
Other fields of Service			

Name of Institutions served 1. _____; 2. _____; 3. _____;

4. _____.

13. Attach Photocopies of notarized certificates or degrees;

14. Attach three letters of reference from three immediate supervisors;

15. Attach up to date Health Certificate;

16. State physical handicaps, if any _____

I hereby certify that all the statements in this application are true and correct. I also hereby pledge my respect to, and compliance with, the rules and regulations of the Ethiopian Government.

Date, _____

Signature of Applicant
