



# KWARA BRIDGE EMPOWERMENT SCHEME (KWABES)

Affix passport photograph here

LGA

## Personal Information

Full Name: \_\_\_\_\_

*Surname*

*First Name*

*Middle Name*

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

Phone No: \_\_\_\_\_ Voters Registration No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (Male/Female): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Local Govt. of Origin \_\_\_\_\_

Are you a Kwara State Indigene? (Tick) Yes:  No:

If No, How many years have you lived in Kwara State?  State of Origin \_\_\_\_\_

## EDUCATIONAL INFORMATION

List schools attended (including Secondary and Tertiary)

Nam e of Institution	Discipline	Start Date	Finish Date	Type of Certificate

**Employer Previous (If Applicable)**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Designation: \_\_\_\_\_

Duration \_\_\_\_\_ Salary: ₦ \_\_\_\_\_

**Current Employer (If Applicable)**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Designation: \_\_\_\_\_

Duration \_\_\_\_\_ Salary: ₦ \_\_\_\_\_

**Current Employment Status (Tick Correct Option)**

Employed  Unemployed

Self Employed

**If unemployed, How many years?** \_\_\_\_\_

I hereby confirm that all information provided is accurate and reliable. I agree that Kwara State Government can use all information contained therein as required.

Signed: