

GMC UTILITIES GROUP INSTRUCTIONS FOR RESUME COMPLETION

Please ensure that you maintain the 'Verdana 10' font style and size for all text, other than your name and please delete all non-applicable items from your resume.

Dates of employment must be stated as follows: '08 March 2012 to present', not '03/08/2012 to present'. Periods of education must be stated as 'June 2012 - March 2016' and not '06/2012 - 03/2016'. Please note that only an A4 size resume is accepted.

Please place here a recently taken, original colored photograph, with a white background,

PLEASE SPECIFY THE POSITION BEING APPLIED FOR

PERSONAL INFORMATION

Current Address: Mobile Number: E-mail Address: Skype ID: Date of Birth: Civil Status: Gender: Your name must be stated, centered, at the top of the page in 'Verdana 14' font, in block capitals and must be precisely as that stated in your passport - Family Name, First Name and Middle Name(s).

EDUCATION

COLLEGE

Diploma:

Name of University:

Full Address:

Period Attended: From Month/Year to Month/Year

Date of Graduation: Day/Month/Year

SECONDARY

Name of School: Full Address:

Period Attended: From Month/Year to Month/Year

ELEMENTARY

Name of School: Full Address:

Period Attended: From Month/Year to Month/Year

ENTER ANY ADDITIONAL EDUCATIONAL INSTITUTIONS ATTENDED

WORK HISTORY FROM THE PRESENT DATE DOWN TO THE DATE OF GRADUATION

Name of Employer:

Full Address: Job Title:

Period of Employment: (From DD/MM/YY to DD/MM/YY)

Brief summary of work performed:

Name of Employer:

Full Address: Job Title:

Period of Employment: (From DD/MM/YY to DD/MM/YY)

Brief summary of work performed:

Name of Employer:

Full Address: Job Title:

Period of Employment: (From DD/MM/YY to DD/MM/YY)

Brief summary of work performed:

Name of Employer:

Full Address: Job Title:

Period of Employment: (From DD/MM/YY to DD/MM/YY)

Brief summary of work performed:

DELETE ANY OF THE ABOVE SECTIONS WHICH ARE NOT BEING UTILIZED

GAPS IN EMPLOYMENT HISTORY GREATER THAN SIX MONTHS - EXPLANATION

NON-PROFESSIONAL DRIVER'S LICENSE

License No.:

Date of Expiry: (Day/Month/Year) Restrictions (1, 2, A, B etc.)

PROFESSIONAL REFERENCES

Name:

Job Title:

Name of Organization:

Mobile No.: E-mail Address:

Name:

Job Title:

Name of Organization:

Mobile No.: E-mail Address:

REFERENCES MUST BE FROM INDIVIDUALS WHO HAVE OVERSEEN OR SUPERVISED YOUR WORK. THEY CANNOT BE FROM PEER WORK **COLLEAGUES.**

AN E-MAIL ADDRESS IS MANDATORY

PLEASE DO NOT LEAVE LARGE BLANK SPACES BETWEEN THE VARIOUS SECTIONS OF YOUR RESUME. PLEASE MAKE SURE TO EDIT YOUR RESUME PROFESSONALLY, BEFORE SUBMISSION.

IMPORTANT NOTE REGARDING THE AUTHENTICITY OF THE INFORMATION YOU PLACE **ON YOUR RESUME:**

Please note that any significant information placed on your resume which is subsequently determined not to be an authentic and accurate representation of your qualifications, your precise training or your precise experience, will result in the immediate cancellation of your application.

Ref: CRI/GMC/RI-06 Oct. 2024