

NO 12 ASO ROCK
Dzoro
Delta State
19th January 2022

The Manager
Rainoil,
Dzoro
Delta State

Dear Sir

APPLICATION FOR THE POSITION OF A PUMP ATTENDANT

I write with passion as a young graduate to work in your establishment with conviction that my skills and experience meet your requirement.

Attach to this letter is my resume for consideration.

Yours Sincerely,

~~Ed~~

Erekw Faith

EREBHO FAITH

ADDRESS: NO. 12 ASO ROCK, OZORO, DELTA STATE

TELL: 08082883850

PERSONAL DATA:

DATE OF BIRTH	11-12-95
PLACE OF BIRTH	WARRI
SEX	FEMALE
STATE OF ORIGIN	EDO STATE
LOCAL GOVT. AREA	ESAN SOUTH EAST
NATIONALITY	NIGERIA
MARITAL STATUS	SINGLE
RELIGION	CHRISTIANITY

SCHOOL ATTENDED WITH DATE:

DELTA STATE POLYTECHNIC, OZORO	2019 – 2021
UWANGUE COLLEGE	2006 – 2010
MOWOE PRIMARY SCHOOL	2001 – 2006

ACADEMIC QUALIFICATION OBTAINED WITH DATES:

NATIONAL DIPLOMA (ND) Awaiting Result	2021
WEST AFRICAN EXAMINATION COUNCIL (WAEC)	2010
FIRST SCHOOL LEAVING CERTIFICATE (FSLC)	2006

HOBBIES:

SPORT & Reading

REFEREE:

Angela Oyetakin

Trader

08067756275

Lucy Erebho

Trader

08100199502



**THE WEST AFRICAN
EXAMINATIONS COUNCIL**
...official website

[Click here to visit our corporate website](#)

Results

Candidate Information

Examination Number	5112304210
Candidate Name	EREBHO FAITH
Examination	NOV/DEC WASSCE (PRIVATE)2014
Centre	WARRI

Subject Grades

COMMERCE	A1
CHRISTIAN RELIGIOUS STUDIES	C5
ECONOMICS	F9
GOVERNMENT	A1
LITERATURE IN ENGLISH	C6
ENGLISH LANGUAGE	C6
MATHEMATICS	B2
AGRICULTURAL SCIENCE	B3

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IN THE MAGISTRATES' COURT: DELTA STATE OF NIGERIA
IN THE WARRI MAGISTERIAL DISTRICT
HOLDEN AT WARRI

STATUTORY DECLARATION OF AGE

I, EREBHO LUCY (F) Nigerian, Christian, residing at No.6, Irhiuwoba Street, Generator Junction Off Essi College, Warri, Delta State, do hereby make oath and say as follows:-

1. That EREBHO FAITH is my daughter.
2. That the said EREBHO FAITH was born on the 11th day of December, 1995 at General Hospital Warri in Warri South Local Government Area of Delta State
3. That at the time of birth, her birth date was not officially registered, hence this declaration.
4. That this declaration is now needed for record purpose.
5. And that I make this solemn declaration Conscientiously believing same to be true and correct by virtue of the Statutory Declaration Laws of Delta State.

LUCY

DEPONENT

SWORN to at the Magistrates' Court,
Registry, this 18th day of November,
2019.

BEFORE ME

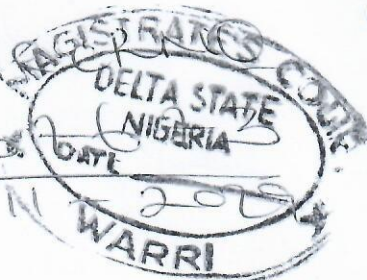
[Signature]
COMMISSIONER FOR OATHS:

Oath fee ₦1000

Paid with

₦1,077.50

18 - NOV - 2019



ESAN SOUTH EAST LOCAL GOVERNMENT AREA

P. M. B. 002, UBIAJA
EDO STATE OF NIGERIA



ESAN SOUTH EAST LOCAL GOVERNMENT
DEPARTMENT OF ADMINISTRATION
UBIAJA

Telegrams:

Telephone:

Our Ref:

Your Ref: NO.C.326/VOL.VI/07

12TH NOVEMBER 2019

ESELG
/

Certificate of Identification/Origin

This is to certify that



The bearer FAITH EREBHO (F)

is an indigene / a native of IDEASHO - UGBOHA

Esan South East Local Government Area, of the Edo State, Nigeria.

This Certificate covers his/her identification as such.

You are requested to give him/her every possible assistance, please.

Fee of N 3,500.00

Paid on R.C.R. No 26309

of 12TH NOVEMBER 2019

ESAN SOUTH EAST LOCAL GOVERNMENT AREA
12 NOV 2019
INNOCENT OGWANLEN
VICE CHAIRMAN



STAFF EMPLOYMENT DATA FORM



1. STAFF SURNAME - EREBHO
2. STAFF FIRST NAME - FAITH
3. STAFF MIDDLE NAME -
4. DATE OF BIRTH - Calendar grid - 11/12/1995
5. GENDER - FEMALE
6. MARITAL STATUS - SINGLE
7. STATE OF ORIGIN - EDO STATE
8. LOCAL GOVERNMENT AREA - ESAN SOUTH EAST
9. PLACE OF BIRTH - WARRI
10. PHONE NUMBER 1 - 08082883850
11. PHONE NUMBER 2 -
12. E-MAIL - perebho@gmail.com
13. RESIDENTIAL ADDRESS - 12, ASO ROCK OZORO
14. LOCAL GOVT AREA - ISOKO NORTH
15. NEXT OF KIN'S NAME - MRS. LUCY EREBHO
16. RELATIONSHIP WITH NEXT OF KIN - MOTHER
17. NEXT OF KIN'S DATE OF BIRTH - 8/12/1952
18. NEXT OF KIN'S ADDRESS - ESTATE ROUND-ABOUT WARRI
19. NEXT OF KIN'S PHONE NUMBER - 08100199502
20. NEXT OF KIN'S EMAIL - NIL
21. NAME OF CLOSEST RELATIVE - MRS. ANGELA ONYEIAKIN
22. CONTACT ADDRESS OF CLOSEST RELATIVE - 32, IYARA RD WARRI
23. HIGHER INSTITUTION ATTENDED - POLYTECHNIC
24. QUALIFICATION - OND
25. COURSE OF STUDY - BUSINESS ADMINISTRATION & MANAGEMENT
26. GRADE -
27. MONTH & YEAR OF ADMISSION - 09/2019
28. MONTH & YEAR OF GRADUATION - 10/2021
29. BANK & ACCOUNT NUMBER - ZENITH - 2217558082
30. PENSION FUND ADMINISTRATOR -
31. PENSION NUMBER -
32. BANK VERIFICATION NUMBER - 22378970552



IDENTITY CARD FORM

According to Standard ISO 9001-2015

CODE: Q90-F15
ISSUE: 1
Date of ISSUE:
01/09/19
REVISION DATE:



Staff ID Card Number: **S**

NAME:

EREBHO FAITH

Surname

First Name

Others

POSITION:

ATTENDANT (C.S.A)

UNIT/BRANCH:

OZORO 2 STATION (RAINOTI LTD)

STAFF SIGNATURE:

AUTHORISATION:

This form must be returned with other completed documents for prompt processing please



RC: 1111424

FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee/member)

1. Personal Data:

Surname: Ferebho Other Names: FAITH
 Occupation: BUSINESS Marital Status: SINGLE
 Sex: FEMALE Date of Birth: 11/12/1995 Genotype: AA
 Tel. No. 08082883850 E-mail: Ferebho@gmail.com
 Residential Address: 12 ASO ROCK ORO
 Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

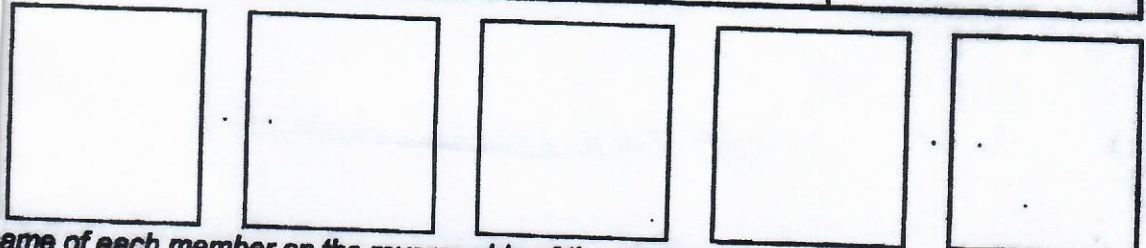
Name of Company: Rameil Ltd

3. Choice of Hospital:

Name of Hospital: _____
 Address: _____

****Any undeclared pre-existing health condition at the point of registration will not be covered.**

Dependants	Name	Date of Birth	Sex	Genotype	Medical Conditions
Spouse					
Child 1					
Child 2					
Child 3					
Child 4					



Please write the name of each member on the reverse side of the photograph.

Member's Signature: [Signature] Date: 19/01/2022

C & I LEASING PLC.

Interview Sheet

Name: EREBHO FAITH

Position: ATTENDANT (G.S.A)

Interview Date: 18/01/2022

Criteria for Job

Candidate's Experience and Skills

- Qualification – SSCE/OND
- Communication Skills
- Mental Alertness
- Composure/Personality
- Appearance
- Interpersonal Skills

A
B
B
B
B
C

RATING- A: Excellent B: Good C: Average D: Poor

Comments Satisfactory

Interviewer Name: Kenech Omorogbe Signature/ date: [Signature] 19/01/2022



EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015

C
I
L
F



Mr./Mrs./Miss ONOMIWO DANIEL OVIIE who has been in our employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee him/ her against any loss by completing this form.

1. YES Is the candidate well known to you?

2. What is your relationship with him/her? FRIENDS

3. How long have you known him/ her? (Not less than 3years) 3 YEARS

4. Please state your occupation

ACCOUNTANT / MANAGER OF HOTEL

Dr/Mr./Mrs./Miss ONOMIWO DANIEL OVIIE

..... of

Home address

OZORO TOWN, URUOMU HOTEL ROAD by THE WEATHER and

Office address Loko CITY HOTEL OZORO, N.D.C stand as a

guarantor to Mr./Mrs./Miss EREBHO FAITH Who is currently a staff in C & I LEASING PLC.

That I irrevocably and unconditionally guarantee to indemnify the company against the following:

- a) any loss suffered as a result of Mr./Mrs./Miss EREBHO FAITH action while in the company's employment
- b) any action arising from Mr./Mrs./Miss EREBHO FAITH desertion of the Company for any offence committed or arising from his/her employment.

That I promise to produce him/her any time needed for any reason of security interest. This

guarantee shall be governed by the laws of the Federal Republic of Nigeria.

Name: ONOMIWO DANIEL OVIIE

Signed: [Signature]

Telephone numbers: 090 32921890

Date: 19/01/2022

Email Address: danieloviie123@gmail.com

NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies and Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.

Note:

- 1. Any other level of guarantor in conflict with the above stated level is not acceptable.
- 2. A photocopy of the guarantor's Identity Card (including Workplace Id, Driver's License, national Id, voter's card & int'l Id) is to be submitted along with this Form
- 3. Guarantor's recent passport is to be affixed to this Form.



National Identity Management System



Federal Republic of Nigeria
National Identification Number Slip (NINS)

Tracking ID: S1E9NVQ8BS005HC	Surname: ONOMIWO	Address: 24 MARKET ROAD OTOR OWHE DT	
NIN: 36134865315	First Name: DANIEL		
	Middle Name: OVIE		
	Gender: M		

Note: The **National Identification Number (NIN)** is your identity. It is confidential and may only be released for legitimate transactions. You will be notified when your National Identity Card is ready (for any enquiries please contact)

 helpdesk@nimc.gov.ng	 www.nimc.gov.ng	 0700-CALL-NIMC (0700-2255-646)	 National Identity Management Commission 11, Sokode Crescent, Off Dalaba Street, Zone 5 Wuse Abuja Nigeria
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EMPLOYMENT GUARANTORS FORM

According to Standard ISO 9001-2015

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Mr./Mrs./Miss... EREBHO FAITH who has been in our employment has given your name as his/ her guarantor. Please confirm your willingness to guarantee him/ her against any loss by completing this form.

1. COUSIN YES Is the candidate well known to you?

2. What is your relationship with him/her? COUSIN

3. How long have you known him/ her? (Not less than 3years) 9 years

4. Please state your occupation

TRADER I,

Dr/Mr./Mrs./Miss... OBIAHO VICTORIA

..... of

Home address

NO 12 ASO ROCK STREET OZORO DELTA STATE and

Office address ASO ROCK JUNCTION stand as a

guarantor to Mr./Mrs./Miss EREBHO FAITH Who is currently a staff in C & I LEASING PLC.

That I irrevocably and unconditionally guarantee to indemnify the company against the following:

- a) any loss suffered as a result of Mr./Mrs./Miss EREBHO FAITH action while in the company's employment
- b) any action arising from Mr./Mrs./Miss EREBHO FAITH desertion of the Company for any offence committed or arising from his/her employment.

That I promise to produce him/her any time needed for any reason of security interest. This

guarantee shall be governed by the laws of the Federal Republic of Nigeria.

Name: OBIAHO VICTORIA

Signed: [Signature]

Telephone numbers: 08149755245

Date: 19-01-2022

Email Address: victoriaobiaro@gmail.com

NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies and Senior Civil Servants not lower than Grade level 8 excluding uniform personnel.

Note:

- 1. Any other level of guarantor in conflict with the above stated level is not acceptable.
- 2. A photocopy of the guarantor's Identity Card (including Workplace Id, Driver's License, national Id, voter's card & int'l Id) is to be submitted along with this Form
- 3. Guarantor's recent passport is to be affixed to this Form.

National Identity Management System

Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID: S1E9NVQ8BN60B9J	Surname: OBIARO	Address: 42 EDJEME AVENUE OFF OKOGBE STREET UGHELLI DT	
NIN: 96982296953	First Name: VICTORIA		
	Middle Name: Gender: F		

Note: The **National Identification Number (NIN)** is your identity. It is confidential and may only be released for legitimate transactions. You will be notified when your National Identity Card is ready (for any enquiries please contact)