

No 28 Oke-Bola street,
Behind little by little plaza,
Ajilosun, Ikere-Road,
Ado-Ekiti.

29th June, 2022

To The Manager,
Rain oil filling station,
Ajilosun, Ikere-Road,
Ado-Ekiti.

Dear sir,

~~APPLICATION FOR THE POSITION OF~~

I hereby apply for the position of a fuel attendant in your reputable and foremost organisation.

My name is Ogundahunsi Oluwaseun - I possess both primary and secondary school learning Certificates -

Furthermore I have had different levels of experiences, in been an attendant as well as good Communication skills and excellent customer relationship - Moreover, I will like to bring in my experiences and also learn my new environment and embrace my colleagues to further promote the organisation.

Finally, I will be glad if my request is duly granted

Thanks.

Yours faithfully,



Ogundahunsi-Oluwaseun
07035282367

OGUNDAHUNSI OLUWASEUN

28, Oke Bola Street Street, Ado Ekiti, Ekiti State.

Tel: 07035282367

E-mail: ogundahunsioluwaseun@gmail.com

PERSONAL DATA:

- Date of Birth: 2nd February, 1998
- Sex: Female
- Marital Status: Single
- State of Origin: Ekiti State
- L.G.A. Ado Ekiti
- Nationality: Nigerian

CAREER OBJECTIVE:

- A vibrant young lady, who is enthusiastic to finding a position in any Agency where her abilities would be used for the benefit and growth of the establishment.

EDUCATIONAL PROFILE:

- **West African School Certificate (O' Level)**
Ekiti State Government College, Ikere Ekiti. 2015
- **Primary School Leaving Certificate**
St. Mary's Catholic Primary School, Ado Ekiti. 2009

WORK EXPERIENCE:

- Fuel Attendant at Mobil Filling Station, Ore, Ondo State 2017-2019
- Class Teacher at Gracious Seeds Nur/Pry School, Ado Ekiti 2021

PERSONAL QUALITIES:

- Honesty and integrity
- Good interpersonal relationship and excellent communication skill
- Goal Oriented and Problem-Solving Skill

HOBBIES:

- Reading, Browsing, Traveling

REFEREES:

- **MR. AYENI BUNMI**
Pastor in charge,
Christ Ambassador Church, Irona, Ado Ekiti
08137673687
- **MR. WALE MAGAJI**
Deeper Life Camp Ground, Ajebandele, Ado Ekiti
08083210345

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Candidate Information

Examination Number	4141009058
Candidate Name	OGUNDAHUNSI OLUWASEUN OLUWADUNSIN
Examination	MAY/JUN WASSCE2015
Centre	EKITI STATE GOVERNMENT COLLEGE, IKERE-EKITI

Subject Grades

DATA PROCESSING	28
ECONOMICS	27
CIVIC EDUCATION	24
ENGLISH LANGUAGE	26
MATHEMATICS	32
AGRICULTURAL SCIENCE	26
BIOLOGY	23
CHEMISTRY	23
PHYSICS	26

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Form B.2

CAUTION: Any person who (1) Falsifies any of the particulars on this certificate or (2) Uses a falsified certificate as true knowing it to be false is liable to prosecution.



ORIGINAL

FEDERAL REPUBLIC OF NIGERIA

NATIONAL POPULATION COMMISSION

Certificate of Birth

Issued under the Births and Deaths Etc (Compulsory Registration) Decree 49 of 1992

Registration Centre: BHC
Town/Village: Ado Ekiti
Date of Birth: 08/11/2010
Volume: 2010 Year: 2010

This is to certify that the birth details of which are recorded herein has been registered on 08/11/2010 at this Registration Centre BHC

Full Name: OGUNDANUSI OLUWASEUN DUNWATIASI
(Surname first) (in block letters)

Sex: FEMALE Date of Birth: 02/11/98
Day Month Year

A.P. at Birth: MISSION HOUSE Town/Village: Ado Ekiti

5. Full name of Father: OGUNDANUSI ATOOGLA
(Surname first) (in block letters)

6. Full name of Mother: OGUNDANUSI EROSE OG
(Surname first) (in block letters)

Place of Issue: BHC Registrar: OGUNDANUSI B.F.

Date: 08-11-2010 Registrar: OGUNDANUSI B.F.



STAFF EMPLOYMENT DATA FORM

1. STAFF SURNAME - O GUNDAHUNSI
2. STAFF FIRST NAME - OLUWASEUN
3. STAFF MIDDLE NAME - OLUWADUNSI
4. STAFF MAIDEN NAME -
5. DATE OF BIRTH - Calendar grid - 2nd - February - 1998
6. GENDER - FEMALE
7. MARITAL STATUS - SINGLE
8. STATE OF ORIGIN - EKITI - STATE
9. LOCAL GOVERNMENT AREA - ADO - LOCAL GOVERNMENT
10. PHONE NUMBER 1 - 07035282367
11. PHONE NUMBER 2 - 09134292856
12. E-MAIL - OGUNDAHUNSIOLUWASEUN@GMAIL.COM
13. RESIDENTIAL ADDRESS - NO-28 OKE-BOLA BEHIND LITTLE BY LITTLE PLAZA ADO
14. LOCAL GOVT AREA - ADO - LOCAL GOVERNMENT
15. PERMANENT HOME ADDRESS - NO-28 OKE-BOLA BEHIND LITTLE BY LITTLE PLAZA ADO
16. NEXT OF KIN'S NAME - ADETUNASE - ~~OLUWASEUN~~ BOSEDE
17. RELATIONSHIP WITH NEXT OF KIN - ~~YOUNGER BROTHER~~ MOTHER
18. NEXT OF KIN'S DATE OF BIRTH - ~~OCTOBER 11TH 2006~~ SEPTEMBER 9TH 1987
19. NEXT OF KIN'S ADDRESS - NO-28 OKE-BOLA BEHIND LITTLE BY LITTLE PLAZA
20. NEXT OF KIN'S PHONE NUMBER - 08148376193
21. NEXT OF KIN'S EMAIL -
22. NAME OF CLOSEST RELATIVE - ADETUNASE BOSEDE
23. CONTACT ADDRESS OF CLOSEST RELATIVE - NO 28 OKE BOLA ADO - EKITI
24. HIGHER INSTITUTION ATTENDED -
25. QUALIFICATION - SENIOR SCHOOL CERTIFICATE (O-LEVEL)
26. COURSE OF STUDY -
27. MONTH & YEAR OF ADMISSION -
28. MONTH & YEAR OF GRADUATION - JULY 21st 2015
29. BANK & ACCOUNT NUMBER - UBA 2106665341
30. PENSION FUND ADMINISTRATOR -
31. PENSION NUMBER -
32. BANK VERIFICATION NUMBER - 22468305503



RC: 1

FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

ENROLMENT FORM

(To be completed by every employee/member)

1. Personal Data:

Surname: OGUNDATHUNSI Other Names: OLUWASEUN
 Occupation: _____ Marital Status: SINGLE
 Sex: FEMALE Date of Birth: 02-02-1998 Genotype: O-
 Tel. No. 07035282367 E-mail: _____
 Residential Address: NO-28 OKE-BOLA BEHIND LITTLE BY LITTLE
 Plan Type: Essential Classic Gold Diamond Platinum

2. Employer's Data:

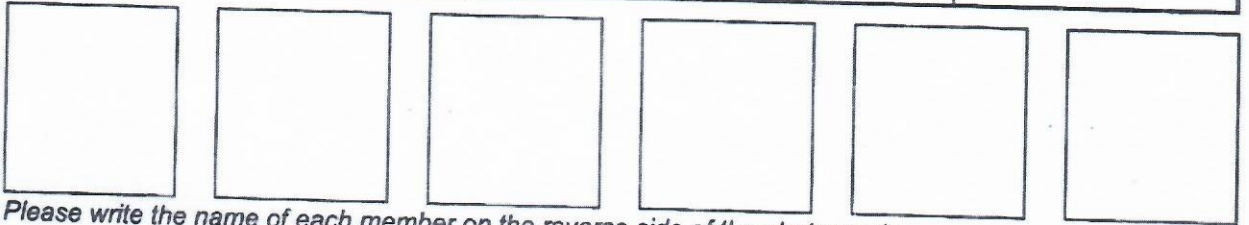
Name of Company: RAIN OIL FILLING STATION ADO-EKITI

3. Choice of Hospital:

Name of Hospital: FEDERAL MEDICAL CENTRE (ANNEX)
 Address: IREWOLEDE ESTATE ILAWI-ROAD ADO-EKITI

*****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: 29-06-2022

Website: www.fountainhealthcareng.com
 Email: info@fountainhealthcareng.com; fountainhealthcareng@gmail.com
 Tel. +234 -08077705100, 08077705200.



PLEASE AFFIX
GUARANTOR'S RECENT
PASSPORT
PHOTOGRAPH HERE

EMPLOYMENT GUARANTEE FORM

Our employment process requires that a person seeking employment in our establishment should produce a credible, responsible and acceptable person as Guarantor subject to employment confirmation. If you are willing to stand as a guarantor for the said applicant, kindly complete this form.

Please note that it is dangerous to stand as a guarantor for someone whom you do not know. Guarantors are warned that any false declaration on this form will attract severe consequences, which may include prosecution.

Mr/Mrs/Miss Daundahunsi Oluwaseun who is being considered for 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. Is the candidate well known to you? YES
2. What is your relationship with him/ her? Relative
3. How long have you known him/ her? (Not less than 3years) 5 YRS
4. Please state your occupation Sales and Marketing Executive

I, Dr/Mr./Mrs./Miss Magaji Olawale of
Home address Road 50 Deeper Life Camp Ground and
Office address CHIBBY PLAZA ADO - EKITI stand as a guarantor
to Mr/Mrs/Miss Daundahunsi Oluwaseun who is being considered for employment 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 Daundahunsi Oluwaseun action while in the company's employment
- b) any action arising from Mr/Mrs/Miss Daundahunsi Oluwaseun 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: Magaji Olawale

Signed: [Signature]

Telephone numbers: 08083210345

Date: 29-06-22

Email Address: maloxyz@gmail.com

NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies, ~~Traditional rulers and Clergy from well recognized churches/mosques~~, 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 (excluding Driver's License) is to be submitted with this Form



PLEASE AFFIX
GUARANTOR'S RECENT
PASSPORT
PHOTOGRAPH HERE

EMPLOYMENT GUARANTEE FORM

Our employment process requires that a person seeking employment in our establishment should produce a credible, responsible and acceptable person as Guarantor subject to employment confirmation. If you are willing to stand as a guarantor for the said applicant, kindly complete this form.

Please note that it is dangerous to stand as a guarantor for someone whom you do not know. Guarantors are warned that any false declaration on this form will attract severe consequences, which may include prosecution.

Mr/Mrs/Miss AYENI OLUBUNMI OGUNDATHUNSI OLUWASEUN who is being considered for 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. Is the candidate well known to you? YES
2. What is your relationship with him/ her?
3. How long have you known him/ her? (Not less than 3years) 10 YRS
4. Please state your occupation CIVIL SERVANT

I, Dr/Mr./Mrs./Miss MR AYENI OLUBUNMI TEMITOPE of
Home address 120 SIDE OYISANSANA, ADD EKITI and
Office address EKITI STATE LOCAL GOVT SERVICE COMMISSION
to Mr/Mrs/Miss OGUNDATHUNSI OLUWASEUN stand as a guarantor
to Mr/Mrs/Miss OGUNDATHUNSI OLUWASEUN who is being considered for employment 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 OGUNDATHUNSI OLUWASEUN while in the company's employment
 - b) any action arising from Mr/Mrs/Miss OGUNDATHUNSI OLUWASEUN 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 AYENI OLUBUNMI TEMITOPE Signed: AYENI
Telephone numbers: 08033456886 Date: 29/6/22
08137673687
Email Address: ayenidun1234@gmail.com


NB: Acceptable Guarantors: Lecturers, Architects, Engineers, Teachers, Doctors, Nurses, Lawyers, Bankers, Accountants, Managers/Deputy Managers of reputable companies, Traditional rulers and Clergy from well-recognized churches/mosques, 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 (excluding Driver's License) is to be submitted with this Form

FEDERAL REPUBLIC OF NIGERIA
INDEPENDENT NATIONAL ELECTORAL COMMISSION
VOTER'S CARD

CODE: 13-10-08-002 VIN: 90F5 B18D 1028



STATE: EKITI LGA: KERE
OKE - OGBUN

MAGAZINE CLAIMED: NONE

DATE OF BIRTH: 15-10-1988

OCCUPATION: STUDENT

AGE: 37 ONE ONLY 1988-2007

LOCAL GOVERNMENT SERVICE COMMISSION
KLM 3, ADO-YIN ROAD, ADO EKITI
STAFF IDENTITY CARD

Name: **AYENI OLUBUNMI TEMITOPE**

Sex: **MALE**

Date of Birth: **28/04/1966** EXPIRY DATE: **JAN 2025**

Biometric no: **001467-124-4784-05**

Home Address: **120, OMISANJANA, ADO-EKITI**

Date Of 1st Appointment: **3RD JAN. 1990**

Dept: **ADMIN.** Desig: **C.E.O (GD)**

Phone No Of Next Of Kin: **08167221410**



[Signature]
Holder's Signature