

# CURRICULUM VITAE

## PERSONAL DATA

Name:	ATERE ESTHER IDOWU
Phone Number :	08140699755
Date of Birth	10 <sup>TH</sup> April, 2004
Gender:	Female
Marital status:	Single
Nationality :	Nigerian
Town :	Ado - Ekiti
Local Government:	Ado Local Government Area
State of Origin:	Ondo State
Religion:	Christian
Contact Address:	No 1, Lane 1, Olujoda Street, Ado Ekiti
Permanent home address:	No 1, Lane 1, Olujoda Street, Ado Ekiti
E-mail address/telephone No:	joyesther661@gmail.com
Disability (if any)	Nil

## CAREER OBJECTIVE

To obtain a challenging and successful position and to be an effective team worker, to contribute strong leadership and interpersonal skills as well as highly applicable technical skills and experience, along with a strong drive for excellence, success and achievement, towards realizing the organizations goals.

## EDUCATIONAL INSTITUTION ATTENDED WITH DATES

<u>INSTITUTION</u>	<u>DATES</u>
♣ Great Nation Nursery & Primary School, Ado – Ekiti	2006 - 2010
♣ Rehoboth City College, Ado – Ekiti	2010 – 2016
♣ Holy Treasure Group of School, Ado – Ekiti	2016 - 2020

**A. EDUCATION QUALIFICATION OBTAINED WITH DATES**

**QUALIFICATION**

**DATES**

- |  |      |
|--|------|
| ✓ Primary School Leaving Certificate       | 2010 |
| ✓ West African Examination Council (WASSC) | 2020 |

**B. SKILLS**

Very Strong Analytical Skills

Very Good Communication, Leadership and Interpersonal Skills

Self-Motivated and Result Oriented and Can Be Deliver Positively Under Pressure

Effective Time and Financial Management Skills

Very Good Business and Entrepreneurial Skills.

**C. EXTRA-CURRICULAR ACTIVITIES**

Reading and Writing

**D. REFEREES:**

**1. Mrs. Kehinde Isaac**

Civil Servant

08166425414

**2. Mrs. Esther Atere**

Business Woman

07032981440

## STAFF EMPLOYMENT DATA FORM



1. STAFF SURNAME - Atere
2. STAFF FIRST NAME - Esther
3. STAFF MIDDLE NAME - Idowu
4. STAFF MAIDEN NAME - Joy
5. DATE OF BIRTH - Calendar grid 10th of April 2004
6. GENDER - female
7. MARITAL STATUS - Single
8. STATE OF ORIGIN - Ondo state
9. LOCAL GOVERNMENT AREA - Ado Local Govt
10. PHONE NUMBER 1 - 08140699755
11. PHONE NUMBER 2 -
12. E-MAIL -
13. RESIDENTIAL ADDRESS - Line 1 Oluloda street, Olufoda, Off Ado/Ikere road, Ado-Ekik
14. LOCAL GOVT AREA - Ado Local Govt
15. PERMANENT HOME ADDRESS - Oluloda street
16. NEXT OF KIN'S NAME - Atere Esther omoboda
17. RELATIONSHIP WITH NEXT OF KIN - Mother
18. NEXT OF KIN'S DATE OF BIRTH - 6th July 1969
19. NEXT OF KIN'S ADDRESS - 16th esemanjer, Ifon, ondo state
20. NEXT OF KIN'S PHONE NUMBER - 07032981440
21. NEXT OF KIN'S EMAIL -
22. NAME OF CLOSEST RELATIVE - Isaac Kehinde
23. CONTACT ADDRESS OF CLOSEST RELATIVE - 08066425414
24. HIGHER INSTITUTION ATTENDED -
25. QUALIFICATION - SSCE
26. COURSE OF STUDY -
27. MONTH & YEAR OF ADMISSION -
28. MONTH & YEAR OF GRADUATION -
29. BANK & ACCOUNT NUMBER - 6970956302 / fidelity
30. PENSION FUND ADMINISTRATOR -
31. PENSION NUMBER -
32. BANK VERIFICATION NUMBER -



# IDENTITY CARD FORM

PASSPORT  
PHOTOGRAPH

Staff ID Card Number: **S**

**NAME:**

<i>Atere</i>	<i>Esther</i>	<i>Idowu</i>
Surname	First Name	Others

**POSITION:**

*Customer Service Attendant*

**UNIT/BRANCH:**

*Ado Ekiti*

**STAFF SIGNATURE:**

*[Handwritten Signature]*

**AUTHORISATION:**

[Empty box for authorisation]

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



**THE WEST AFRICAN  
EXAMINATIONS COUNCIL**  
OFFICIAL WEBSITE



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# Results

## Candidate Information

Examination Number	4140133018
Candidate Name	ATERE ESTHER IDOWU
Examination	WASSCE FOR SCHOOL CANDIDATES 2021
Centre	IDEAL GRAMMAR SCHOOL, ADO-EKITI

## Subject Grades

MARKETING	F9
ECONOMICS	C6
CIVIC EDUCATION	E8
ENGLISH LANGUAGE	B3
MATHEMATICS	B2
BIOLOGY	B3
CHEMISTRY	B3
PHYSICS	B3
COMPUTER STUDIES	C4

## Card Information

Card Use	2 of 5
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Caution: Any person who (1) Falsifies any of the particular 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 A18\_ 19773894

Issued under the Births and Deaths Etc. (Compulsory Registration) Decree No. 69 of 1992

Registration Centre ILE-ABIYE  
Town/Village ADO-EKITI 120 | 2020 | 135  
L.G.A. ADO Volume Year Entry No.  
State EKITI

This is certify that the birth, details of which are recorded herein has been registered on 17 03 2020 at this registration centre ILE-ABIYE  
Day Month Year

- 1. Full Name: ATERE ESTHER IDOWU  
(Surname first) (In block letters)
  - 2. Sex: FEMALE 3. Date of Birth: 10 04 2004  
Day Month Year
  - 4. Place of Birth: HOSPITAL Town/Village ADO-EKITI
  - 5. Full name of Father: ATERE JOSEPH  
(Surname first) (In block letters)
  - 6. Full name of Mother: ATERE OMOBOJA  
(Surname first) (In block letters)
- Place of Issue: ADO-EKITI ATALABI J.O  
Name of Registrar
- Date: 17-03-2020 [Signature]  
Signature of Registrar

## 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 Atere Esther 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? Brother
3. How long have you known him/ her? (Not less than 3years) Eighteen years
4. Please state your occupation Barber

I, Dr/Mr./Mrs./Miss Atere Faith of No 6 Oluloda Street Ado and No 10 Awedele Market stand as a guarantor to Mr/Mrs/Miss Atere Esther 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 Atere Esther action while in the company's employment
- b) any action arising from Mr/Mrs/Miss Atere Esther 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: Atere Faith Signed: Faith

Telephone numbers: 07048149061 Date: 25/06/2022

Email Address: ATERE Faith 255@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

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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 ATERE ESTER 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? ..... IN-LAW
3. How long have you known him/ her? (Not less than 3years) ..... TEN YEARS
4. Please state your occupation ..... SALES REPRESENTATIVE

I, ISMAEL OZALEKAN of  
 Home address LANE 1, NO 1 OZUJOSA HOTEL STREET, ADD and  
 Office address INTERNATIONAL BREWERIES WEST P.M.B. 704 stand as a guarantor  
 to Mr/Mrs/Miss ATERE ESTER 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 ATERE ESTER action while in the company's employment
- b) any action arising from Mr/Mrs/Miss ATERE ESTER 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: Ismael Ozalekan S.

Signed: 

Telephone numbers: 07038582461

Date: 24/06/2022

Email Address: holamulekantofo@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

Headquarters

**PEACE CORPS OF NIGERIA**

Camp I.D Card Serial No:

16339

Name of Cadet:

ISAAC SAMUEL

Registration No:

163

Company:

ZULU

State:

ONDO

*Isaac Samuel*

Holder's Signature





RC: \*

# FOUNTAIN HEALTHCARE LIMITED

HEALTH MAINTENANCE ORGANIZATION (HMO)

## ENROLMENT FORM

(To be completed by every employee/member)

### 1. Personal Data:

Surname: Atere Other Names: Esther Idowu  
 Occupation: Student CUSTOMER SERVICE ATTENDANT Marital Status: Single  
 Sex: female Date of Birth: 10th April 2004 Genotype: AA  
 Tel. No. 09140699755 E-mail: joyestherbb1@gmail.com  
 Residential Address: Line 1 oluloda street, Oluloda, Ado Ekiti  
 Plan Type:  Essential  Classic  Gold  Diamond  Platinum

### 2. Employer's Data:

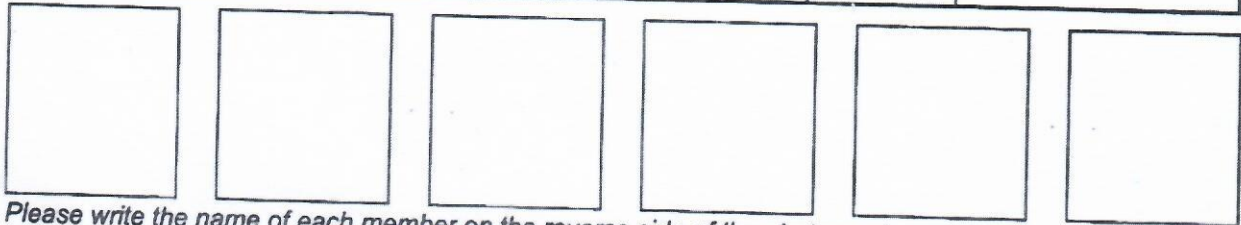
Name of Company: RAIN OIL ADOEKITI (C&I LEASING)

### 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: Esther Date: 28/06/2022

Website: [www.fountainhealthcareng.com](http://www.fountainhealthcareng.com)  
 Email: [info@fountainhealthcareng.com](mailto:info@fountainhealthcareng.com); [fountainhealthcareng@gmail.com](mailto:fountainhealthcareng@gmail.com)  
 Tel. +234 -08077705100, 08077705200.