



SENTAB SKILLS (PVT) LTD

326/2, SIRIMANGALA WATTE, MAMPE, PILIYANDALA
 0112 708 484 / 076 825 8738
 info@sentab.lk
 www.riland.lk



APPLICATION FOR APTITUDE TEST & INTERVIEW

Reference No
 (Office Use Only)

NOTE: PLEASE USE BLOCK CAPITALS PERSONAL DETAILS

FULL NAME															
NAME WITH INITIALS															
NIC NUMBER															
TYPE OF WELDING		ARC			MIG			MAG			TIG				
GENDER		MALE		FEMALE		DATE OF BIRTH				AGE					
PERMANENT ADDRESS						MARITAL STATUS									
						RELIGION									
						NATIONALITY									
						CONTACT DETAILS									
PASSPORT DETAILS						Tel. No. (Residence)									
						Tel. No. (Mobile)									
PASSPORT NUMBER						WhatsApp									
DATE OF ISSUE						LinkedIn Name									
DATE OF EXPIRY						E-mail Address									
PLACE OF ISSUE															
HOW DID YOU HEAR ABOUT "SENTAB"?				Facebook				YouTube				Instagram			
				LinkedIn				Tiktok				Through Friend			
				Other											

PHYSICAL/MEDICAL INFORMATION			
HEIGHT		WEIGHT	
BLOOD GROUP			
DO YOU HAVE ANY ALLERGIES?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IF 'YES', PLEASE STATE HERE			
DO YOU HAVE ANY SCARS, MARKS OR TATTOS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DO YOU HAVE AN OPERATION OF A SURGERY EXPERIENCE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IF 'YES', PLEASE STATE HERE			
MARK IF YOU HAVE ANY OF THESE CONDITIONS CURRENTLY OR IN THE PAST			
DIABETES	<input type="checkbox"/>	CHEST PAIN	<input type="checkbox"/>
DEPRESSION	<input type="checkbox"/>	ELEVATED BLOOD PRESSURE	<input type="checkbox"/>
VISUAL LOSS	<input type="checkbox"/>	FATIGUE	<input type="checkbox"/>
HEART DISEAS	<input type="checkbox"/>	PHYCHIATRIC DISORDER	<input type="checkbox"/>
HEADACHES/ MIGRAINES	<input type="checkbox"/>		
ARE YOU CURRENTLY TAKING ANY MEDICATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IF 'YES', PLEASE STATE HERE			

COVID VACCINATION		
1 ST DOSE	EX: SINOPHARM	EX: 2021.05.10
2 ND DOSE		
BOOSTER		

EDUCATIONAL QUALIFICATIONS			
SECONDARY SCHOOL	FROM – TO	EXAMINATION	GRADE OBTAINED
		GCE ORDINARY LEVEL	English <input type="checkbox"/>
		GCE ADVANCED LEVEL	English <input type="checkbox"/>
TERTIARY EDUCATION	FROM – TO	INSTITUTE	GRADE OBTAINED

PROFESSIONAL QUALIFICATIONS			
INSTITUTE / UNIVERSITY	FROM – TO	EXAMINATION	GRADE OBTAINED

TRADE TEST			
INSTITUTE	TRADE	GRADE	DATE OBTAINED

ADDITIONAL TRAINING		
INSTITUTE	GRADE	DATE OBTAINED

EMPLOYMENT HISTORY						
PRESENT EMPLOYMENT						
COMPANY NAME						
ADDRESS						
DURATION	FROM			TO		
POST HELD						
	FROM			TO		
JOB DESCRIPTION (IN BRIEF)						

EMPLOYMENT HISTORY						
PAST EMPLOYMENT						
COMPANY NAME						
ADDRESS						
DURATION	FROM			TO		
POST HELD						
	FROM			TO		
JOB DESCRIPTION <i>(IN BRIEF)</i>						
REASON FOR LEAVING						

LANGUAGE PROFICIENCY												
LANGUAGE	SPEAK				WRITE				UNDERSTAND			
	Excellent	Well	Fair	Weak	Excellent	Well	Fair	Weak	Excellent	Well	Fair	Weak
SINHALA												
ENGLISH												
TAMIL												

PROFESSIONAL REFERENCES (EMPLOYMENT)													
REFERENCE 1							REFERENCE 2						
Name							Name						
Position Held							Position Held						
Company							Company						
Address							Address						
Contact No.							Contact No.						
E-mail							E-mail						

DECLARATION			
<i>I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</i>			
SIGNATURE OF APPLICANT			DATE