



EMPLOYER REGISTRATION FORM

1. Company Information

- **Company Name:** _____
- **Business Type:** _____
- **Industry Sector:** _____
- **Business Registration Number:** _____
- **Date of Incorporation:** ____ / ____ / ____

2. Company Address

- **Street Address:** _____
- **City:** _____
- **State/Province:** _____
- **ZIP/Postal Code:** _____
- **Country:** _____

3. Contact Details

- **Primary Contact Name:** _____
- **Position/Title:** _____
- **Phone Number:** _____
- **Email Address:** _____

4. Account Information

- **Preferred Username:** _____
- **Password:** _____
- **Confirm Password:** _____

5. Business Operations

- **Number of Employees:** _____
- **Are you currently hiring?** ☐ Yes ☐ No
- **Type of Positions Offered:**
 - ☐ Full-Time
 - ☐ Part-Time
 - ☐ Internship
 - ☐ Contract

6. Declaration

I hereby confirm that the information provided is accurate and complete to the best of my knowledge.

Authorized Signature: _____

Name: _____

Date: ____ / ____ / ____

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