

DATE: .....

POSITION: UI/UX



Ayjaz Shabbir

Full Name (As per CNIC)

**EMPLOYMENT APPLICATION FORM**

**PERSONAL DETAILS OF THE APPLICANT**

FULL NAME(As per CNIC)	Ayiaz									
FATHER'S NAME	Shabbir									
CURRENT HOME ADDRESS	11-GT. NEW KHI + H158									
MARITAL STATUS	SINGLE			MARRIED ✓			OTHER			
PERSONAL MOBILE	Res (03118773809) / 0311 8350592 (P)									
GENDER										
RESIDENCE NUMBER										
EMERGENCY CONTACT						NAME & RELATION				
D.O.B (DD/MM/YYYY)	50 MAR 1997									
RELIGION	HINDU		MUSLIM		CHRISTIAN		OTHER:			
CNIC NO.				✓	-					
CNIC VALIDITY(DD/MM/YYYY)	42/01-8873700-9 (2028) (APRIL) (MARRIED) (21)									
EMAIL ID	mayia3SHABIR@gmail									
COVID VACCINATION STATUS	FIRST DOSE		YES		NO		SECOND DOSE		YES NO	

**EDUCATIONAL QUALIFICATION**

LAST DEGREE	Inter
PASSING DATE	-
GRADE/CGPA/%	-
UNIVERSITY / INSTITUTE	Private

**EMPLOYMENT HISTORY**

LAST EMPLOYER	Creative Soft	
DESIGNATION		
DURATION	FROM: Oct 23	TO: JAN 24
LAST SALARY	135,000	
REASON FOR LEAVING	NIGHT	

Position applied for: \_\_\_\_\_

Salary Desired: 150k Last Salary Withdrawn: 135

Have you ever been convicted of any offence? / Do you have any past criminal record?

YES ☐ NO ☒

Any medical ailment which could constraint your performance: \_\_\_\_\_

Do you have any **sibling/relative/friend** currently working for Appedology Pvt. Ltd? If yes, state name, position & relation with the employee:

Preferred date of joining: \_\_\_\_\_

Desired shift timing:

Morning	Night
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#### DETAILS OF PREVIOUS EMPLOYER

Company Name: \_\_\_\_\_

HR Email: \_\_\_\_\_

HR Contact Number: \_\_\_\_\_

LinkedIn Profile: \_\_\_\_\_

Address: \_\_\_\_\_

### **Acknowledgement Section**

In case any information provided by the candidate turns out to be fake, before or at the time of joining or even during the probation period, the company reserves the right to terminate services or change the Job Role or Salary Package.

I certify that the information contained in this application form is true and complete & I acknowledge that any misleading would cease the hiring process or may result in immediate termination of employment at any point if I am hired. I authorize the verification of any or all information listed above.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### Candidate Evaluation Form

English Proficiency & Comprehension Test Score	
Typing Test (WPM)	

1 <sup>st</sup> Interviewer Name				
Designation and Department		HR		
Detailed Remarks				
Recommendation	YES		No	

2 <sup>nd</sup> Interviewer Name				
Designation and Department				
Detailed Remarks				
Recommendation	YES		No	

Salary Recommended	
Date of Joining	

### **Positional Information**

Shortlisted For	
Campaign & Project	
Supervisor (Direct & Indirect)	