

DATE: _____

POSITION: _____



Pvt. Ltd.

M-ZOHAIR SADIQ KHAN

**EMPLOYMENT APPLICATION FORM
(ALL DEPARTMENTS)**

PERSONAL DETAILS OF THE APPLICANT

NAME(as per CNIC)	M. ZOHAIIB SADICO KHAN		
FATHER'S NAME	M. SADICO KHAN		
ADDRESS	Flat # 135 Ali Nat Sq/ Hydri		
MARITAL STATUS	SINGLE <input checked="" type="checkbox"/>	MARRIED	OTHER
RESIDENCE NUMBER	-		
PERSONAL MOBILE	0345-2970732		
EMERGENCY NUMBER	0300-3331433		
D.O.B (DD/MM/YYYY)	26/Oct/ 1991		
RELIGION	HINDU	MUSLIM <input checked="" type="checkbox"/>	CHRISTIAN
			OTHER:

EDUCATIONAL QUALIFICATIONS

LAST DEGREE			
PASSING DATE			
GRADE/CGPA/%			
INSTITUTE			

EMPLOYMENT HISTORY

LAST EMPLOYER			
DESIGNATION			
DURATION	FROM:	TO:	
LAST SALARY			
REASON FOR LEAVING			

CNIC NUMBER:

4 2 1 0 1 - 6 8 9 9 7 4 5 - 1

EMAIL ID	ZOHAIIB.KHAN 294 @ Hotmail.com
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Position applied for: _____

Salary Desired: _____ Last Salary Withdrawn: _____

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 relative/friend currently working for Appedology Pvt. Ltd? If yes, state name & position:

Preferred date of joining: _____

Desired shift timing:

<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Night
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DETAILS OF PREVIOUS EMPLOYER (if any)

Name of contact person: _____

Designation: _____

Company Name: _____

Contact Number: _____

Email ID: _____

I certify that information contained in this application 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: _____

