

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_



Pvt. Ltd.

*Talha Biv Rehmat*

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**EMPLOYMENT APPLICATION FORM  
(ALL DEPARTMENTS)**

**PERSONAL DETAILS OF THE APPLICANT**

|                    |  |  |                  |
|--------------------|--|--|------------------|
| NAME(as per CNIC)  | Talha Bin Rehmat   |  |                  |
| FATHER'S NAME      | Muhammad Islam   |  |                  |
| ADDRESS            | 169 Block 4, K.B.R, North Karachi,<br>Burrerzone, Karachi. |  |                  |
| MARITAL STATUS     | SINGLE <input checked="" type="checkbox"/>                 | MARRIED                                    | OTHER            |
| RESIDENCE NUMBER   |  |  |                  |
| PERSONAL MOBILE    | 0340-6099003   |  |                  |
| EMERGENCY NUMBER   | 0312-1021245   |  |                  |
| D.O.B (DD/MM/YYYY) | 25/11/2019   |  |                  |
| RELIGION           | HINDU  | MUSLIM <input checked="" type="checkbox"/> | CHRISTIAN OTHER: |

**EDUCATIONAL QUALIFICATIONS**

|              |       |
|--------------|-------|
| LAST DEGREE  | B.Com |
| PASSING DATE |       |
| GRADE/CGPA/% |       |
| INSTITUTE    |       |

**EMPLOYMENT HISTORY**

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

**CNIC NUMBER:**

4 2 3 0 1 - 7 4 9 7 5 7 2 - 5

|          |                            |
|----------|----------------------------|
| EMAIL ID | talha.rehmat1997@gmail.com |
|----------|----------------------------|



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Salary Desired: \_\_\_\_\_ Last Salary Withdrawn: \_\_\_\_\_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:

Morning

Night



**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: \_\_\_\_\_

