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|  F-HR Issue # 1 Revision # 0**Hub Pak Salt Refinery** Page: 1 of 2 |
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 |  HUB-PAK SALT REFINERY |
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| 10 Bangalore Town Main Shahrah-e-Faisal Karachi, Near Awami Markaz, PakistanPh:+92-853-303451 Fax :+92-853-303259 |

 |
|  |  APPLICATION FOR EMPLOYMENT |
|  |  |

1. Please answer all questions. Attach to it any further information you wish to give.
2. Your application and all details will be treated as confidential

Position desiredSalary (Gross) expectedWhen able to join |  **ATTACH** **Your Recent** **Photograph** |
| FULL NAME INCAPITALSMR/MISS/MRS | DATE OF BIRTH | PLACE OF BIRTH |
| FATHER’S/HUSBAND’S Name | NATIONALITY | CNIC No. |
| PRESENT MOBILE #ADDRESS RES # | DOMICILE |  RELIGION |
| PERMANENTADDRESS | MARITAL STATUSSINGLE ENGAGED MARRIED WIDOW (ER) |
|  |
| NUMBER OF CHILDREN

|  |  |
| --- | --- |
| Sex  | Age/Year of Birth |
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| EDUCATION |
| EXAMINATION PASSED | YEAR | DIVISION | MAJOR SUBJECTS | NAME & ADDRESS OF THE INSTITUTION |
| MATRIC |  |  |  |  |
| INTERARTS/SC/COM |  |  |  |  |
| B.A/ B.COMB.Sc /B.E |  |  |  |  |
| M.A/ M.ScM.COM/ M.E |  |  |  |  |
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| SPECIAL TRAINING OR COURSES  |
| MEMBERSHIP OF PROFESSIONAL BODIES |
|  | **EMPLOYMENT RECORD** |
|  | **EMPLOYER’S NAME & ADDRESS** | **POSITION(S) HELD** | **REASONS FOR LEAVING** |
| FROM | TO |
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| ARE YOU UNDER ANY SERVICE BOND WITH YOUR PRESENT EMPLOYER?IF YES GIVE DETAILS OF BOND | YES NO |

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| **PLEASE GIVE BREAKUP OF YOUR PRESENT/LAST PAY DRAWN (MONTHLY IN RUPEES)** |
| BASIC PAY |  | DEARNESS ALLOWANCE |  | CONVERYANCE ALLOWANCE |  | COMPANY HOUSE RENT ASSISTANCE |  | ENTERTAINMENT ALLOWANCE |  |
| BONUS |  | PROVIDENT FUND |  | OTHER ALLOWANCES |  | DOUBLE OVERTIME |  | TOTAL |  |

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| LIST HERE THE DETAILS OF ANY OTHER BENEFITS OFFERED BY YOUR PRESENT/LAST EMPLOYER AND THEIR APPROXIMATE MONTHLY VALUE TO YOU. |
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| ARE YOU PREPARED TO WORK ANYWHERE IN PAKISTAN?

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 | ARE YOU PREPARED FOR EXTENSIVE TRAVEL?

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 | DO YOU HAVE A DRIVING LICENCE?

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 | WERE YOU EVER DISMISSED OR ASKED TO LEAVE YOUR JOB?

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 | MAY WE APPROACH YOUR PRESENT EMPLOYER NOW?

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 |
| **LANGUAGE** |

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| INDICATE WHETHER SLIGHT/FAIR/FLUENT |

 | **HEALTH** |
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| SPOKEN | READ | WRITTEN |
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| MAJOR ACCIDENT/ILLNESS WITH DATE |  |
| WHEN WERE YOU MEDICALY EXAMINED LAST?  |  |
| OCCASION |  |
| RESULT |  |

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| **HOBBIES, SPARE TIME, INTERESTS AND SPORTING ACTIVITIES** |
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| **TO WHAT BUSINESS, FRATERNAL, SOCIAL OR OTHER ORGANISATIONS, CLUB ETC. DO YOU BELONG?** |
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| **PLEASE GIVE NAMES OF TWO PERSONAL AND TWO BUSINESS ACQUAINTANCES WHO HAVE SOME YEARS KNOWLEDGE OF YOU.****PLEASE GIVE THE POSITION AND ADDRESS ALSO.** |
| PERSONAL |
| BUSINESS |
| **NAME AND POSITION OF ANY RELATIVE WORKING WITH THIS COMPANY OR ANY OTHER SALT COMPANY.** |
| **DETAILS OF ANY PREVIOUS APPLICATION TO THIS COMPANY FOR EMPLOYMENT.** |
| I declare that the information given in this application is true to the best of my knowledge and I understand that a false statement will be considered sufficient cause of dismissal in the event of employment. |
| DATE |  | SIGNATURE |  |