



EDUCATION TRUST NASRA SCHOOL

EMPLOYMENT APPLICATION FORM

EAF - HR 02

PLEASE PROVIDE ALL DETAILS AS PER (NATIONAL IDENTITY CARD)

Position Applied for				APPLICANT'S PHOTOGRAPH
Name				
Father's / Husband's Name				
Residential Address				
CNIC #		Religion:		
Email:		Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	
Contact #	Residence:	Office:	Mobile:	
Date of Birth:		Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	

EDUCATIONAL / TECHNICAL QUALIFICATION

(Write In Chronological Order Starting From School)

Degree/ Certificate	Institution	Year of Passing	Major Subject	Division / Grade

DETAILS OF EXPERIENCE

(Write In Chronological Order Starting From Recent Employment)

Organization	Worked (From - To)	Designation	Department / Class	Last Salary Drawn

DESCRIBE MAJOR RESPONSIBILITIES IN CURRENT EMPLOYMENT

CURRENT SALARY	Gross Salary	Other Benefits
EXPECTED SALARY	Gross Salary	Other Benefits

HAVE YOU EVER BEEN DISMISSED OR ASKED TO LEAVE YOUR JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU UNDER A SERVICE BOND WITH YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY NASRA SCHOOLS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE NAME THE CAMPUS & YEAR		
DO YOU HAVE ANY RELATIVE WORKING AT NASRA SCHOOLS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE NAME THE CAMPUS		RELATIONSHIP
NAME		DESIGNATION
HEALTH (Mention any serious illness & disability)		

REFERENCES (At least 2)

Name	Organization / Designation	Postal Address	Contact No. / Email

(By filling this form I certify that the information provided is true and correct to the best of my knowledge.
I further understand that a false statement will render me liable for termination of my employment.)

DATE

SIGNATURE