

Employment Questionnaire

Date :

First condition to start a cooperation is to know each other; therefore, failure to fill in the form will be deemed as lack of serious resolve for cooperation .

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| "A" Applicant's Particular | Name and surname: | Marital status Single Married | Photo 30x40mm |
| | Father's name: | Number of children: | |
| | National ID No.: | Number of family members supported: | |
| | Birth certificate No.: | Date of issue: , Place of issue: | |
| | Date of birth: | Place of residence: Rented Owned Others | |
| | Home address: | Tel.: | |
| | Military service status: Service Done Medical exemption Non-medical exemption | | |

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| "B" Health Status | Weight: kg, Height: cm, Do you smoke? Yes No , Were you a smoker? Yes No , For how many years? |
| | Which of these chronic diseases are you infected with? Diabetes , Kidney disease , Liver disease , Cardiovascular disease , Alimentary tract disease , Asthma , Lung disease , Epilepsy , Thalassemia , Blood pressure , Bone Disease , Nervous system disease , Eye disease , Ear disease , Allergy , Depression , Migraines , Others |
| | Have you ever been hospitalized? Yes No , For how long? months . |
| | Do you exercise? Yes No , Which type of sport activity? |

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|--|--|----------------------------|-----------------------|--------------------------|-----------|-----------------------|------------|
| "C" Education and Work Experience | Place of primary/secondary/university | Institution address | Field of study | Duration of study | | Type of degree | GPA |
| | | | | Form | To | | |
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| Name the foreign language you are proficient in? Level of proficiency: Good , Average , Weak Speaking skill: Good , Average , Weak ; Writing skill: Good , Average , Weak ; Reading skill: Good , Average , Weak | | | | | | | |
| Do you work with computer? Yes , No , With which software are you familiar? Please Name. | | | | | | | |
| Level of your typing skill: Very good , Good , Average , Weak , Are you able to touch type? Yes , No How many characters to you type per minute? | | | | | | | |

| <div> <div>“D” Education and Work Experience</div> </div> | Item | Previous/Current work place | Manager name | Applicant’s position in the institute | Employment Duration | | Monthly salary as per slip | Reason for disconnection |
|---|------|-----------------------------|--------------|---------------------------------------|---------------------|----|----------------------------|--------------------------|
| | | | | | From | To | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |

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| "E" Financial Status | Beside your salary, do you have any other income? Yes , No , What is the amount of this income? Rial | | |
| | Does your spouse work? Yes , No ; What is his/her monthly salary? Rial, Yearly | | Rial |
| | Do you have any debt? Yes , No ; How much is your debt? Rial, For what reason? | | |
| | Can you introduce an guarantor: Yes , No ; Please name your guarantor. | | |

| “F” Information of Applicant’s first and second degree family | Item | Name and surname | D.O.B | National ID No. | Relationship | Work place | Work experience (years) |
|---|------|------------------|-------|-----------------|--------------|------------|-------------------------|
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| | 6 | | | | | | |
| | 7 | | | | | | |

The above information is for knowing you this is a prerequisite for cooperation, failure to provide such information will be deemed as withdrawal the application.

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| “G” Judicial records | Do you have any criminal record? Yes , No ; Have you sentenced to jail to this record? Yes , No ; If yes, for how long? Months |
| | Do you have a pending criminal record with judicial authorities? Yes , No ; If yes, for what reason? |
| | Have you ever applied for clearance certificate? Yes , No ; If yes, please mention date and place of issue of the latest certificate |
| | Have any of your first-degree family ever convicted of any political or non-political or have appending case with judicial authorities? Yes , No |
| | Please explain the person’s relationship with you and explain his/her crime. |

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| “H” Applicant’s References | It is a prerequisite to name three reputable business owners, holding business license or persons of fine repute working in public of private sector out of your relatives who know you well as you reference. Please mention their full particulars. | | | | | |
| | Item | Name and surname | Job/Position | Work Add. | Work Tel. | For how long they know you |
| | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |

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| “I” Miscellaneous | Do you work at present? Yes , No ; Please mention the reason of changing your employer. |
| | I, _____ undertake that I am not addicted to drugs and natural/synthetic narcotics and if otherwise is proven, the company shall be entitled to treat me according to the relevant laws and regulations; and by signing this questioner, I confirm that the information given above is true, complete, accurate and to the best of my knowledge, and can prove their truthfulness and am ready to cooperate with the company by receiving monthly salary of _____ Rial Applicant’s signature: _____ |

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| “J” Administration Use | Based on results of the interview and investigation, I hereby approve , not approve the accuracy of the statement, moral competence and eligibility of the applicant. |
| | Remarks: |
| | Administration director’s signature: _____ Date: _____ |

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| “K” Management | |
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