

Employment Questionnaire

Form No. : KM-2(00.08.15)-V6

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 .

"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		

"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? Days .
	Do you exercise? Yes No , Which type of sport activity?

"C" Education and Work Experience	Place of primary/secondary/university	Institution address	Field of study	Duration of study		Type of degree	GPA
				Form	To		
	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?							

“D” Education and Work Experience	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							

"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.

“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.

“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					

“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: _____

“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: _____

“K” Management	
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