

UTILITY STORES CORPORATION OF PAKISTAN (PRIVATE) LIMITED APPLICATION FOR EMPLOYMENT	Recent photograph
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1- Date of application :			
2- Position applied for :			
3- Name : (Block Letters)	First	Middle	Last
4- Father's Name :			
5- CNIC No.	CNIC No.	Date of Issue	Expiry Date
6- Date of Birth :	Place of Birth		
	DD-MM-YYYY		AGE (As on date of advertisement)
7- Religion :	<input type="checkbox"/> Muslim <input type="checkbox"/> Non-Muslim (Please Specify: _____)		
8- Address :			
a) Present			
	Tel.	Fax.	Email:
b) Permanent :			
	Tel.	Fax.	Email:
c) Person/address to be notified in case of emergency :	Person Name:		Relation:
	Address:		
	Tel.	Fax.	Email:
9- Smoker:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

10- Language Ability	SPEAKING			READING			WRITING			REMARKS
	Weak	Fair	Good	Weak	Fair	Good	Weak	Fair	Good	
LANGUAGES										
English										
Urdu										
Others (Please specify)										

11- Employment History (Give last employer first)

Should your employer be contacted for further information ? Yes No

From	To	Name / address of Employer	Job Title	Monthly Salary	Reasons for leaving

12- Last salary drawn:	
13- Salary expected :	

14- Education:				
Degree	University/ Institute	Major Subject	Years of Passing	Percentage of Marks/ Division

15- Professional Qualification/ Other skills	

16- Reference:

Name & Occupation	Address	Years known

17- Names of Relatives & Friends Employed by Utility Stores Corporation:

Name & Designation	Relationship	Location

18- Marital Status :

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widower <input type="checkbox"/>	Divorced <input type="checkbox"/>
DEPENDENTS			
	Name	Kinship	Date of birth
1			
2			
3			
4			

19- Miscellaneous:

Societies & Clubs you are a member of	Convictions in court of law			Physical defects & Major surgery – Date (If any)
	Place & Date	Sentence	Offense	

DECLARATION ON STAMP PAPER

DECLARATION TO UTILITY STORES CORPORATION OF PAKISTAN (PRIVATE) LIMITED
FOR EMPLOYMENT AGAINST THE POST OF _____

I, the undersigned, _____ S/o _____ having CNIC No. _____
hereby acknowledge that all the information given by me in this application form is true and correct. I fully understand that the acceptance of this application does not mean acceptance of employment. I also understand that in case I am employed, the company has the right to terminate my employment without notice or compensation, if it is ever revealed at any time during my employment that any of the information given by me in this application is false. I also understand that the acceptance of my employment will be subject to my successfully passing the required physical examination and signing the employment contract.

Signature : _____

NAME (In Block Letters)

Date: _____

Witness:

Name: _____
Relation: _____
Occupation: _____
Contact No: _____
Address: _____

Attested by an oath
Commissioner under
signature stamp and date