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|  |  | **EDUCATION TRUST NASRA SCHOOL**  **EMPLOYMENT APPLICATION FORM** | | | | | | | | | | |  |  |
|  |  | **PLEASE PROVIDE ALL DETAILS AS PER (NATIONAL IDENTITY CARD)** | | | | | | | | | | **APPLICANT'S**  **PHOTOGRAPH** |  |  |
|  |  | **Position Applied for** | | |  | | | | | | |  |  |
|  |  | **Name** | | |  | | | | | | |  |  |
|  |  | **Father's / Husband's**  **Name** | | |  | | | | | | |  |  |
|  |  | **Residential Address** | | |  | | | | | | |  |  |
|  |  |  | | | | | | |  |  |
|  |  | **CNIC #** | | |  | | | **Religion:** | |  | |  |  |
|  |  | **Email:** | | |  | | | **Gender:** | |  | |  |  |
|  |  | **Contact #** | | | **Residence:** | | | **Office:** | | | **Mobile:** | |  |  |
|  |  | **Date of Birth:** | | |  | | | **Marital Status** | | | Married | Single |  |  |
|  |  | **EDUCATIONAL / TECHNICAL QUALIFICATION**  **(Write In Chronological Order Starting From School)** | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  | **Degree/**  **Certificate** | | **Institution** | | | **Year of**  **Passing** | **Major Subject** | | | | **Division / Grade** |  |  |
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|  |  | **DETAILS OF EXPERIENCE**  **(Write In Chronological Order Starting From Recent Employment)** | | | | | | | | | | |  |  |
|  |  |  |  |
|  |  | **Organization** | | | **Worked**  **(From - To)** | | **Designation** | | **Department / Class** | | | **Last Salary Drawn** |  |  |
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|  |  | **DESCRIBE MAJOR RESPONSIBILITIES IN CURRENT EMPLOYMENT** | | | | | | | | | | |  |  |
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|  |  | **CURRENT SALARY** | | | **Gross Salary** | | | **Other Benefits** | | | | |  |  |
|  |  |  | | |  | | | | |  |  |
|  |  | **EXPECTED SALARY** | | | **Gross Salary** | | | **Other Benefits** | | | | |  |  |
|  |  |  | | |  | | | | |  |  |
|  |  | **HAVE YOU EVER BEEN DISMISSED OR ASKED TO LEAVE YOUR JOB?** | | | | | | | | | YES | NO |  |  |
|  |  | **ARE YOU UNDER A SERVICE BOND WITH YOUR PRESENT EMPLOYER?** | | | | | | | | | YES | NO |  |  |
|  |  | **HAVE YOU PREVIOUSLY BEEN EMPLOYED BY NASRA SCHOOLS?** | | | | | | | | | YES | NO |  |  |
|  |  | **IF YES , PLEASE NAME**  **THE CAMPUS**  **& YEAR** | | |  | | | | | | | |  |  |
|  |  | **DO YOU HAVE ANY RELATIVE WORKING AT NASRA SCHOOLS?** | | | | | | | | | c YES | c 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** |  |  |
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|  |  | **(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** | | | | | | | | | | |  |  |
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|  |  | **NASRA SCHOOLS - HUMAN RESOURCE DEPARTMENT** | | | | | | | | | | |  |  |