

HPL	Application For Employment				P - HPL - 01 - 002	
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NOTE: 1. Please answer all questions. Additional information if any may also be attached. 2. The information and all details furnished by you will be treated as strictly confidential. 3. Incorrect information can result in disqualification.						Photograph
POSITION DESIRED				Date of Birth:		
Full Name (in capital letters):				Place of Birth		
Father's /Husband's Name :				CNIC No.:		
Occupation :				Religion:		
Present Address :				Nationality :		
				Email :		
				Skype ID :		
Permanent Address :				Marital Status :		Married Single
				Telephone (Off) :		
Tel: Res:				Telephone (Cell) :		
EDUCATION						
		Period		Examination	Division	Degree/Certificate
Name of Institution	Place	From	To	Passed	Grade	
Spouse & Children Information						
Name	Relationship	CNIC #	Date of Birth	Sex (M/F)	Qualification	
Person to be contacted in Case of Emergency:						
Name:			Relationship:			
Address:						
Tel #:						

(Please start first from the Present/Last Job)

Date		Name of Organization	Position(s) Held	Gross Salary	Reason For Leaving
From	To				

Expected Salary:

Give analysis of your experience relating to the position you are applying for :

Please give break-up of your Present/Last Pay drawn:		Are you prepared for extensive travel?	Yes / No
Basic Salary		Do you have a driving license?	Yes / No
Utilities		Are you prepared to work any where in Pakistan ?	Yes / No
House Rent		May we approach your previous employers?	Yes / No
Conv. Allowance		Were you ever dismissed or asked to leave your job?	Yes / No
C.L.A.'s		Are you involved in any litigation outstanding against you ?	Yes / No
Others		Have you previously served in HASCOL?	Yes / No
		If yes, please give the following particulars:	Yes / No
		Designation:	
		Date of Joining:	Date of Leaving:
Provident Fund		Reason for Leaving:	
GRAND total			

Please give detail of other benefits offered by your Present/Last employer and their approximate value:

Do you have any relative working in this or any of the Group's Company? Yes/No

If yes, please give the following information :

NAME	PLACE	DESIGNATION

Social, Professional, Business or other organizations/clubs, etc., to which you belong :

Languages	Indicate whether slight/fair/fluent			Major accidents/illnesses with year
	Spoken	Read	Written	
				When were you medically examined last ?
				Occasion
				Result

Reference : Please list three references of previous employments.

Reference No. 1

Name		Designation	
Organization		Address	
Mobile No		Email:	

Reference No. 2

Name		Designation	
Organization		Address	
Mobile No		Email	

Reference No. 3

Name		Designation	
Organization		Address	
Mobile No		Email	

DECLARATION

I hereby certify that the answers given by me to the foregoing questions are true, correct and without any consequential omission whatsoever.

I agree and clearly understand that in the event of my being employed in HASCOL , if it is found that any statement or information mentioned above in this application form or during the recruitment and selection process is untrue or false, the same shall be sufficient cause of termination/dismissal of my service from the Company in accordance with law.

Signature : _____

Date : _____

REMARKS :