



Employment Application Form

B) EDUCATIONAL DETAILS :

Year	Name of Educational Institute	Qualification Achieved	%	Class	Cert *

* Tick Box where verified Xerox copies have been attached

C) EXTRA-CURRICULAR ACTIVITIES :

Sports

Hobbies

Others



Employment Application Form

D) Family Background:

Marital Status : _____

Wife's Name : _____

Children : _____ Boy(s) _____ Girl(s)

Father's Name : _____

Father's Occupation: _____

Residential / Contact Telephone:

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#### **Brothers:**

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Occupation : \_\_\_\_\_

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Occupation : \_\_\_\_\_

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Occupation : \_\_\_\_\_

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Sisters:

Name : Age : _____

Occupation : _____

Name : Age : _____

Occupation : -----



Employment Application Form

E) Language Skills:

Languages known:

Knowledge of Computers:

Details if yes:

Vehicle you drive:

Valid Driving Licence No. :

Place of Issue :

Date of Issue :

Expiry Date :

F) Details of Employment from beginning the career :

Month & Year		Name of Company	Designation		Gross Income	
First	Last		First	Last	First	Last

- Gross Income to include Salary+ HRA, Conveyance, and Bonus only, where applicable. Do not include Gratuity if any

Expected Salary:



Employment Application Form

G) References :

Please list 3 references that can vouch for you:

- | | |
|-----------|--------------|
| 1. Name : | Designation: |
| 2. Name : | Designation: |
| 3. Name : | Designation: |

H) Medical History :

Medical Testing:

Medical Report:

Brief Details:

I) Clarity of purpose:

What is your reason for wishing to join Gulf Scan?

What do you wish to make of your career?

How did you come to decide upon a career in the printing industry?



Employment Application Form

Miscellaneous:

Do you have any Relative or close associate connected with the Printing Industry / Cylinder making unit? Yes / No

If yes, please list their names, organization and designation below.

J) Write briefly in about 300 words as what do you think you can do for Gulf Scan in terms of your current experience and how do you plan to achieve your goal. Please be specific and propose a workable & measurable action plan.

I hereby confirm that all the details given in this form by me are factually correct.

Signature

Name of the candidate

Date: