Candidate Information Form

PEF	RSONAL DETAILS		THE PARTY OF THE P
ne of Applicant: Surname Singitham	Middle	First	Havish
te of Birth (dd/mm/yy): 15/04/2003			
M ALE			
ather's Name: 9, M.H Rav			
Home Phone: 934846353 > Office Phone:	Mobile:	9348463537	
EMPLOYMENT RECORD: Starting with your present or most temporary assignments, under "Employer", state the na Complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year) must be provided by the complete and accurate dates (month/year).		list last 2 employmen temporary agency tha	
EMPLOYER 1 (Current):	Employee Id:	From (mm/yy): 17/11/25	To (mm/yy):
Street Address:	12622	Employer's	Remuneration/Salary:
City: State:	Country: Tradia Reason for leaving		ostal Code:
Job Title: Test engineer Employment Status: (Please check the relevant be			
Employment Status. (176030	Name:		
Full Time Outsourcing Agency	Title:		
Full Time Contract /Through Outsourcing Agency	Phone No.:		
Outsourcing Agency Details:	E-mail id: (Preferably office HR Manager's	cial) Details:	
Name:	Name:		
Address:	Phone No.:		
Tel No.: Description of Duties:	E-mail id: (Preferably of)	icial)	
Current Employment Authority Provided	Yes/No		

Strictly Private & Confidential

All details are compulsory