Candidate Information Form

	PE	RSONAL DE	TAILS			
Name of Applicant: Surname		Middle		F	First	
Date of Birth (dd/mm/yy):						
Sex:						
Father's Name:						
Home Phone:	Office Phone:		Mobile:			
EMPLOYMENT RECORD: Starting with temporary assignments, under "E Complete and accurate dates (mo	Employer", state the nan	ne of the cons				
EMPLOYER 1 (Current):		Employ	ee Id:	From (mm/yy):		To (mm/yy):
Street Address:		300		Employer's Phone No.:		Remuneration/Salary:
City: Stat	e:	Country:	: Postal Code:		Code:	
Job Title:		Reason fo	r leaving:		1	
Employment Status: (Please check the relevant box)		Supervisor's Details:				
☐ Full Time		Name:				
Contract /Through Outsourcing Agency		Title:				
Outcoursing Agency Potails		Phone No.	:			
Outsourcing Agency Details: Name:		E-mail id:	cc			
Address:		(Preferably		<u> </u>		
Tel No.:		Name:	ei s Details	s.		
Description of Duties:		Phone No.	•			
		E-mail id: (Preferably				
Current Employment Authority If No When	Provided	Yes/No				

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (mm/yy):		To (mm/yy):	
Street Address:		Employer's Phone No.: Remunerati		Remuneration/Salary:	
City:	State:	Country: Posta		stal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box)		Supervisor's Details:			
Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
Outsourcing Agency Details:		Phone No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's De	etails:		
		Name:			
Description of Duties:		Phone			
		No.:			
		E-mail id:			
		(Preferably			
		official)			

EMPLOYER 3:	Employee Id:	From (mm/yy):		To (mm/yy):	
		, , , ,	,,		
Street Address:		Employer's Phon	e No.:	Remuneration/Salary:	
City:	State:	Country: Postal Co		ostal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box,)	Supervisor's De	ails:		
Full Time Contract /Through Outsourcing Agency		Name:			
		Title:			
		Phone			
Outsourcing Agency Details:		No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's Details:			
		Name:			
Description of Duties:		Phone			
		No.:			
		E-mail id:			
		(Preferably			
		official)			

EMPLOYER 4:	Employee Id:	From (mm/yy):		To (mm/yy):	
Street Address:		Employer's Phon	e No.:	Remuneration/Salary:	
City:	State:	Country: Postal Co		ostal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box)	Supervisor's De	tails:		
Full Time Contract /Through Outsourcing Agency		Name:			
		Title:			
		Phone			
Outsourcing Agency Details:		No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's Details:			
		Name:			
Description of Duties:		Phone			
		No.:			
		E-mail id:			
		(Preferably			
		official)			

DECLARATION & LETTER OF AUTHORIZATION				
 I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment. 				
• If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will b subject to dismissal at any time during my employment.				
 I hereby authorize the Company and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (TP), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose. 				
 I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority. 				
I hereby release from liability all persons or entities requesting or supplying such information.				
● I authorize <i>the Company</i> to contact my present employer. ☐ Yes ☐ No				
I have read, understand, and by my signature consent to these statements.				
SIGNATURE:				
DATE:				
NAME (IN BLOCK LETTERS):				
I				
DOCUMENTS REQUIRED (COMPULSORY) ATTACHED YES / NO				
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code				

All details are compulsory

Strictly Private & Confidential