

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname	Middle	First
Sayyed	Mohammed	Shoeb
Date of Birth (dd/mm/yy): 25/07/95		
Sex: Male		
Father's Name: Ameer Sayyed		
Home Phone: 7498401599	Office Phone:	Mobile: 9022035931/8928340794

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.			
EMPLOYER 1 (Current): Marquis Technologies	Employee Id: 11199	From (mm/yy): 10/22	To (mm/yy): 05/25
Street Address: 804/805 Rupa Solitaire, Millenium Business Park, Sector 2, mahape. Navi Mumbai		Employer's Phone No.:	Remuneration/Salary: 8,20,000
City: Navi Mumbai	State: Maharashtra	Country: India	Postal Code: 400710
Job Title: Test Engineer		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Name: Ruchira Gawas	
		Title: Tech Lead (Imagica- Moto)	
		Phone No.: 8454059580	
		E-mail id: rgawas@marquistech.com <i>(Preferably official)</i>	
		HR Manager's Details:	
		Name: Nisha Pol	
Description of Duties: Oversee Planning & Execution of Moto Products in Europe.		Phone No.: 7692963049	
		E-mail id: npol@marquistech.com <i>(Preferably official)</i>	
Current Employment Authority Provided If No When		Yes/No	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2: Marquis Technologies	Employee Id: 11199	From (mm/yy): 08/17	To (mm/yy): 08/22								
Street Address: 804/805 Rupa Solitaire,Millenium Business Park, Sector 2, mahape. Navi Mumbai		Employer's Phone No.:	Remuneration/Salary: 5,50,000								
City: Navi Mumbai	State: maharashtra	Country: India	Postal Code:400710								
Job Title: Test Engineer		Reason for leaving: Family Member's health									
Employment Status: (Please check the relevant box) <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: HMD Global Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td>Hemant Bawaskar</td> </tr> <tr> <td>Title:</td> <td>HMD INDIA TAM</td> </tr> <tr> <td>Phone No.:</td> <td>9819183006</td> </tr> <tr> <td>E-mail id: (Preferably official)</td> <td>Hemant.bawaskar@hmdglobal.com</td> </tr> </table>		Name:	Hemant Bawaskar	Title:	HMD INDIA TAM	Phone No.:	9819183006	E-mail id: (Preferably official)	Hemant.bawaskar@hmdglobal.com
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Description of Duties:		HR Manager's Details:									
		<table border="1"> <tr> <td>Name:</td> <td>Sayli Chaudhary</td> </tr> <tr> <td>Phone No.:</td> <td>9664667393</td> </tr> <tr> <td>E-mail id: (Preferably official)</td> <td>schaudhary@marquistech.com</td> </tr> </table>		Name:	Sayli Chaudhary	Phone No.:	9664667393	E-mail id: (Preferably official)	schaudhary@marquistech.com		
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E-mail id: (Preferably official)	schaudhary@marquistech.com										

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EMPLOYER 3:	Employee Id:	From (mm/yy):	To (mm/yy):								
Street Address:		Employer's Phone No.:	Remuneration/Salary:								
City:	State:	Country:	Postal Code:								
Job Title:		Reason for leaving:									
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone No.:</td> <td></td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:		Title:		Phone No.:		E-mail id: <i>(Preferably official)</i>	
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Title:											
Phone No.:											
E-mail id: <i>(Preferably official)</i>											
Description of Duties:		HR Manager's Details:									
		Name:									
		Phone No.:									
		E-mail id: <i>(Preferably official)</i>									

All details are compulsory

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EMPLOYER 4:	Employee Id:	From (mm/yy):	To (mm/yy):								
Street Address:		Employer's Phone No.:	Remuneration/Salary:								
City:	State:	Country:	Postal Code:								
Job Title:		Reason for leaving:									
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone No.:</td> <td></td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:		Title:		Phone No.:		E-mail id: <i>(Preferably official)</i>	
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		Name:									
		Phone No.:									
		E-mail id: <i>(Preferably official)</i>									

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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 be 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 **the Company** 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):

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	

All details are compulsory

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