

F.KHAN MACHINE & FABRICATION SHOP L.T.D

APPLICATION FORM

Last Name:		First Name:		Other:	
Address:				Nationality:	
Land Line#:		Mobile#:		N.I.S#:	
Age:	Date Of Birth:	Weight:	Email:	Height:	
ID#:		Drivers Permit#		Passport#	
Matural Status: ☐ Married		☐ Single	☐ Divorce	☐ Common law	☐ Other
Spouse Name:		Occupation of Spouse:		Other Dependants: () YES () NO	
Do you have an account with Republic Bank Limited? () YES () NO If Yes ACC #					
Do you have any Physical Disabilities, which may affect your performance? () YES () NO If Yes State:_____					
If "YES" state disability:			Do you hava a PLEA Card () YES () NO		
Do you smoke: () YES () NO What?:			Do you drink alcohol? () YES () NO How Often?_____		
Do you participate in illegal drugs () YES () NO			Are you afraid of heights?: () YES () NO		
Do you suffer with Asthma () YES () NO			Do you have problems with transportation? () YES () NO		
Are you a team player? () YES ()NO			Are you multi skilled? () YES () NO		

IN CASE OF EMERGENCY NOTIFY

Name:	Address:	Phone#	Relationship:

POSITION APPLYING FOR

1st Choice:	2nd Choice:	Salary Expected \$
Willing to work Shifts? ☐ YES	☐ NO	Date Available for interview?
Who Referred you to F.Khan? () Newspaper () Friend ()Other_____		

EMPLOYMENT RECORD

Employer:	Job Title:	From:	To:
Nature of Duties:	Reason For Leaving	Salary:	
Employer:	Job Title:	From:	To:
Nature of Duties:	Reason For Leaving	Salary:	

EDUCATION

School/ Institutions	FROM	TO	Certificates Obtained

REFERENCES

Name	Address/ Phone#	Occupation

Comment on any activities and other information you feel would be of use to enhance your qualifications for the position in which you seek.

YOUR DECLARATION

I Hereby cretify that the information given herein is given to the best of my knowledge. I understand that misinterpretation or omission of facts called for herein including medical examinations related to my employment will be sufficient cause for cancellation of consideration for employment or dismissal from this company if I am employed.

I Further Agree to Follow All the Rules and Regulations Set Before Me by the Company.

IF APPLICATION FORM IS NOT FILLED OUT PROPERLY/COMPLETE, APPLICANT WOULD BE DISQUALIFIED.

SIGNATURE:_____

DATE:_____

OFFICIAL USE ONLY

Date Interviewed:_____	Accepted: ☐ YES ☐ NO	Salary:_____
Commenced employment: _____	Test Date: _____	Time: _____
Job Description: _____	Authorized Signature: _____	
Other Comments: _____		