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| Colour Photo | **TMSS****JOB APPLICATION FORM**(Please fill up the information following the instruction mentioned in the advertisement. Note that all information will be treated confidentially) |
| **Position Applied for:** | **Reference of job advertisement:** |
| **Write about TMSS (Maximum 50 words):** |
| **Mention your willingness why you want to apply for such a performance based salary drawing Organization:** |
| **Mention your permanent address with phone and email number:** |
| **COMPETENCY PROFILE****(Describe briefly, why you are fit for the position applied. Maximum 200 words)** |
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| **PERSONAL DETAILS** |
| Name of Applicant:  |
| Father’s Name:  |
| Mother’s Name: |
| Date of Birth:  |
| National ID No:  |
| Driving License: |
| Passport Number (If yes): |
| Present Address:  |
| Telephone/Cell number: | Work Station: | Home: | Cell Phone: |
| E-mail address: |
| Nationality:  |
| **HISTORY OF RECENT JOB EXPERIENCE (IF ANY)** |
| Organization:  | Address:  |
| Job Title:  | Salary: |
| Job Start Date: | Major responsibilities and duties (Maximum 10-15 points/ Lines: |
| Duration of employment:  |
| **HISTORY OF PREVIOUS JOB EXPERIENCE (IF ANY)** |
| Position | Organization & Years of Experience | Major Responsibilities (Maximum in 5 points/lines |
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| **EDUCATIONAL QUALIFICATIONS****(Start with the highest qualification including formal and non-formal academic programs)** |
| **Qualification/Name of Exam** | **Grade /GPA/Score** | **Year of Passing** | **Name of Institution** |
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| Comment if any: |
| **PROFESSIONAL DEVELOPMENT TRAINING (IF ANY)****(Please mention the program (s) that you think most important and relevant to the position you have applied for. Kindly use additional sheet if necessary)** |
| **Training/Workshop/Seminar** | **Institution** | **Inclusive Dates** |
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| **REFERENCES****(Provide detailed contact address of your three referees. One of them must be your present supervisor, if applicable. Your references will be treated confidential)** |
| Name:  | Name:  | Name:  |
| Job Title:  | Job Title:  | Job Title:  |
| Mailing Address: | Mailing Address: | Mailing Address: |
| Contact Numbers:  | Contact Numbers:  | Contact Numbers:  |
| E-mail address: | E-mail address: | E-mail address: |
| **OTHER PERSONAL DETAILS** |
| Have you worked with TMSS earlier? (Give √ mark) If yes, mention duration, job title, place of work and reason of leaving below;  | **Yes** | **No** |
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| Any member of your family are working here in TMSS? (Give √ mark), If yes, mention the name and position: |  |  |
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| **CRIMINAL RECORD** |
| Have you got any criminal convictions? (Give √ mark), If yes, please specify. | **Yes** | **No** |
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| **DECLARATION** |
| I confirm that the information provided above, and in any attachment, are correct and I understand that any false statement or information could result in my application or appointment being terminated.**Signature (Electronic):** **Date:**  |