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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** |
|  | | |  |
|  | | | | | | | | | | | | | | |
| Any member of your family are working here in TMSS? (Give √ mark), If yes, mention the name and position: | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | |
| **CRIMINAL RECORD** | | | | | | | | | | | | | | |
| Have you got any criminal convictions? (Give √ mark), If yes, please specify. | | | | | | | | | | | **Yes** | **No** | | |
|  |  | | |
| **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:** | | | | | | | | | | | | | | |