**GOLDCREST HIGH VASHI**

**APPLICATION FORM FOR EMPLOYMENT**

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| POSITION APPLIED FOR: |

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| RECENT PASSPORT SIZEPHOTOGRAPH |

Date Of Birth: |
| PERSONAL DATA:Mr/Mrs/Ms (SURNAME) (FIRST) (MIDDLE) |
| ADDRESS FOR COMMUNICATION: |
| Pin: Tel Off: Res: May we call you discreetly at your work place? Yes/No | Place of Birth:(Dist./State) |
| Religion: |
|  PERMANENT ADDRESS:  Pin: Tel: | Height: CmsWeight: Kgs |
| IN CASE OF EMERGENCY INFORM: | Physical disabilities/Chronic ailments, if any: |
| (NAME) (RELATIONSHIP) (PHONE) | Marital Status (please Tick)Single/Married/Widowed/Divorced |
| Languages Known(Mother tongue first) |  Speak Read Write( Indicate level of proficiency) |
|  |  |  |  | No of children:Male: Age(s)Female: Age(s)Annual:Family Income: Rs. |
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| FAMILY BACKGROUND: |

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| Relationship | Name | Age | Employer/Occupation | Designation |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Spouse |  |  |  |  |
| Brother(s) |  |  |  |  |
|  |  |  |  |  |
| Sister(s) |  |  |  |  |
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**SCHOLASTIC HISTORY**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of School/College attended with location | University/Board | Period |  Degree/Diploma | Medium of Instruction | Specialization/Electives | Class/ Grade/ Percentage |
| From Mth / Yr | ToMth / Yr  |
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SCHOLARSHIPS AND PRIZES

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SPECIAL TRAINING, IF ANY (PROJECT WORK COURSE ASSIGNMENT, TECHNICAL TRAINING)

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DETAILS OF ORIGINAL WORK/RESEARCH/INNOVATION CARRIED OUT IN THE FIELD OF EDUCATION

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EXTRA CURRICULAR ACTIVITIES/HOBBIES/SPORTS. (WHAT HAS BEEN YOUR LEVEL OF PARTICIPATION IN EACH ?)

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ARE ANY OF YOUR CHILDREN STUDYING IN THE SCHOOL? YES/NO, IF YES, PLEASE STATE: (NAME/AGE/STANDARD).

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 IF ANY RELATIVE IS/WAS EMPLOYED WITH US, STATE: NAME/POSITION/RELATIONSHIP.

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**EMPLOYMENT DETAILS (START FROM LAST POSITION HELD)**

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| Name & Address of Institution | Position held | Period | Final Salary | Reason(s) For Leaving |
| FromMth / Yr  | ToMth/ Yr  |
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BRIEFLY OUTLINE YOUR PRESENT JOB RESPONSIBLITIES:

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Do you have any objection to reference being made to your previous/ current school? Yes/No

REFERENCES: List three persons other than relatives (one being someone under whom you had worked at any time in the last 5 years)

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| --- | --- | --- | --- |
| Name | Position/Occupation | Address | Tel: Off/Res |
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| **EMOLUMENTS EXPECTED:** |  | **IF SELECTED, WHEN CAN YOU JOIN?** |

HAVE YOU APPLIED TO US EARLIER? IF YES, GIVE DETAILS:

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ANY ADDITIONAL INFORMATION THAT YOU MAY LIKE US TO CONSIDER:

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I HEREBY AFFIRM THAT ALL INFORMATION FURNISHED IN THIS FORM IS TRUE.

 (SIGNATURE OF THE APPLICANT)

 DATE:

FOR OFFICE USE ONLY

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| ASSESSMENT OF THE CANDIDATE: INTERVIEW ON: SIGNATURE OF PANEL MEMBERS: |