

INTEGRATED HEALTH SERVICES
Employment Application Form



Please fill electronically or print in block letters all sections of the application form where possible, as the information provided on this form will be used as part of the selection process.

FOR OFFICIAL USE	
Ref. # / Status	
Division	
Verified By	
Updated On	

Paste Your
 Passport Sized
 Picture Here

Position Applied For Vacancy No
 Where did you see this post advertised

Section A: Personal Information

Title Full Name
 CNIC Number
 Father / Husband Name
 Father / Husband CNIC #
 Date of Birth (DD/MM/YYYY) Nationality
 Domicile Marital Status
 Gender Religion
 Current Address
 Permanent Address
 Home Phone # Office Phone #
 Cell # Fax #
 Email

Do you have any dependents? If YES, please provide details. YES NO

Name	Relation	Age	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B: Academic Information

Enlist all the qualification achieved successfully, starting with the highest obtained degree.

Name of Institute	Degree	Major/Specialization	Year Passed	Marks/Grade/GPA

Enlist detail of academic or vocational training/certification received.

Name of Institute/Awarding Body	Field	Title	Year

Professional Membership

Name of Institute/Awarding Body	Title	Registration No	Year

Language Proficiency

Language	Reading			Writing			Speaking		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight

Other Academic Information / Skills

Section C: Employment Information

Present/Most Recent Employment _____

Name of Employer _____

Address of Employer _____

Position When Employed _____ **Current / Last Position** _____

From (MM/YYYY) _____ **To (MM/YYYY)** _____

Basic Salary _____ **Gross Salary** _____

Reason for leaving _____

Resignation Notice Period Required _____ **Earliest Commencement Date** _____

Expected Salary _____

Previous Employment (Please state in chronological order starting with most recent)

From (MM/YYYY)	To (MM/YYYY)	Name of Employer	Job Title	Last Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Employment Information / Project / Publication / Trainings Details

Section D: References

1. Most Recent Employer	2. Relationship	3. Relationship
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
_____	_____	_____
Phone No. _____	Phone No. _____	Phone No. _____
E-mail _____	Email _____	Email _____
Can we contact this referee?	Can we contact this referee?	Can we contact this refer?
Yes No	Yes No	Yes No

INTEGRATED HEALTH SERVICES
Employment Application Form



Next of Kin (to be contacted in case of emergency /death)

Name Relationship
Address
Phone No Cell No

Section E: Miscellaneous Information

How many days can you work weekly? How many hours can you work daily?
Can you work at Nights Yes No
Employment desired Full-time Part-Time Any
Do you hold valid driving license? If Yes mention license #. Yes No
License #
Are you willing to relocate / travel to other cities/districts? Yes No
Have you ever been convicted in crime? If Yes Provide Details Yes No

Any medical / health concerns? If Yes provide details Yes No

Section B: Applicant Consent

- I certify that the information in this application is true to the best of my knowledge
- I understand that the application to Integrated Health Services requires me to disclose sensitive and private personal information. I understand that this application will be sent to Integrated Health Services offices and its concerned clients and kept in record in an effort to obtain a placement for me in Integrated Health Services.
- By completing and submitting the application, I am authorizing Integrated Health Services to disseminate and investigate the information that is contained in my application in the manner and for the purposes set forth above.
- I understand that this application is not an agreement or contract between Integrated Health Services. and me.
- In the event of employment, the Integrated Health Services may terminate the contract in case of any misleading or false information stated in the application, correspondence, discussion or interview.
- I understand that I am to abide by all the rules and regulations and policies of the Integrated Health Services.

Signature: _____ **Date:** / /

Application must be supported by the following documents

- 2 Passport Sized Photographs
- 1 Copy of CNIC:
- 1 Copy of Domicile
- 1 Copy of All Academic Certifications/ Degrees /Record
- 1 Copy of Experience Certificate
- Filled and Signed Referee Form (attached)
- Filled and Signed Medical History Form