**PRE-CONDITIONS FOR EMPLOYMENT – UNDERTAKING / DECLARATION**

My candidature is on the basis of the information furnished by me. As a condition of employment, I have agreed to allow Allscripts & any third parties appointed by Allscripts to conduct investigations to verify educational qualifications, prior work experience and certain types of criminal offenses as permitted by law and to carry out a drug test (within a prescribed time frame) prior to and during the course of employment as Allscripts sees fit to require. If such investigation discloses a matter which affects my suitability for employment with Allscripts, my employment may be terminated without notice. Suitability for employment shall be determined at the sole discretion of Allscripts. I also understand that the information furnished by me may be used by a client or clients of Allscripts for creating an authorized account to access client systems as part of my duties towards the organization.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having my residential address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby confirm that what is stated in this form is true to the best of my knowledge and is based on my qualification and work experience. I understand and confirm that any misrepresentations, suppression, falsification in my resume and other information furnished, would without prejudice to the other remedies available to Allscripts, may result in immediate termination of my employment with Allscripts. Further, Allscripts may share the details and contents of my resume or the details of such misrepresentations etc with other entities whomsoever.

I also do hereby state that if I am offered if for any unforeseen reasons, I am unable to join at the aforesaid date of joining after accepting the offer, I will notify the same to Allscripts in writing at least 15 (fifteen) days prior to the said start date. I understand that failure to show up on the confirmed date without the said intimation or resignation within 60 days of joining, may make me ineligible for future recruitment at Allscripts and further Allscripts may share my name and the details of such no-shows etc. with other entities whomsoever.

I have read, understood and accepted the above pre-conditions of employment with Allscripts. I am under no obligation or compulsion to accept these terms and conditions of employment. I accept them on my own free choice and will.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT DATA / APPLICATION FORM**

Paste your passport size photograph here (Mandatory)

Position Applied for :

Have you been interviewed by Allscripts before ? **Yes / No**

**If Yes Name of Recruiter & Date --** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For employee Referral Candidates Only**

**Name and Employee number of the Employee (referring you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the referring employee briefed you about Allscripts?** **Yes** **No**

**\* *Referring employee will not be eligible for referral amount / bonus in case the name***

***and employee number are not explicitly mentioned above***

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | | | |  | | | | | |  | |
|  | | Surname | | | | First Name | | | | | | Middle Name /Father /Husband’s Name | |
|  | |  | | | |  | | | | | |  | |
| Present Address:  Please include nearest Landmarks | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Permanent Address:  Please include nearest Landmarks | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Tel No. | | Land Line : | | | | Mobile No. | | | | | |  | |
| PAN Card No. | | UID (Aadhar) No. | | | | | | | | | | | |
| Personal Email Id | |  | | | | | | | | | | | |
| Emergency Contact Name and phone number | | |  | | | | | | | | | | |
| Date of Birth : | | (DD-MMM-YYYY) | | | | | | | Sex :  Male  Female | | | | |
| Marital Status :  Never Married  Married  Divorced  Widowed  Significant Other  Citizenship:  PIO/OCI/Work Permit status (in case you are not an Indian citizen):  Available  In Process | | | | | | | | | | | | | |
|  |  | | |  |  | | | | | |  | |  |
| Passport :  Yes  No | | | | If yes, please fill the following details : | | | | | | | | | |
| Passport No. | | | |  | | | | | |
| Validity : | | | |  | | | |  | |
| US Visa :  Yes  No | | | | If yes, please fill the following details | | | | | | | | | |
| Valid up to : | | |  | | | B1 / B2 / H1 / L1 / Other | | | |
| If yes, please fill the following details | | | | | | | | | |
| Other Visa :  Yes  No | | | | Country Name: Valid up to : Visa Type: | | | | | | | | | |

**MEDICAL HISTORY**

|  |  |  |
| --- | --- | --- |
| Blood Group : \_\_\_\_\_\_\_ |  |  |
| Allergic to ? (Please elaborate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any ailment / surgery preventing you from delivering normal day to day work responsibilities?  Handicapped- Yes  No  If yes- Please mention the medical certificate you can submit-  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Immediate FAMILY information (including significant others and children)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relation** | **Education** | **Occupation** |
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**Relatives / Friends working / worked with Allscripts**

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| --- | --- | --- | --- |
| **Name** | **Relationship** | **Title** | **Employment Dates** |
|  |  |  |  |
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**EDUCATION**

List order from highest examination to lowest (i.e. in reverse chronological sequence)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degree/Diploma/Qualification** | **Month and Year of passing** | **Specialization/Main Subjects** | **University/Board** | **School/College/Institution with address/City** | **Full-time/Part-time/**  **Correspondence** | **Grade/**  **Percentage** |
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**Break in education (if any)**

|  |  |  |
| --- | --- | --- |
| **From (Month & Year)** | **To (Month & Year)** | **Reason(s)** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Special Achievements : |  |
| Scholarships : |  |

**EMPLOYMENT HISTORY –**

List the most recent employer first, previous employer, next (i.e. in reverse chronological sequence)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emp No.** | **Organization Name & City** | **Duration** | **No. of months** | **Designation** | **Starting Salary (Per Annum)** | **Last Salary drawn**  **(Per Annum)** | **Reason for leaving** | **Relieving Formalities completed?**  **Do you have Service Certificate and Relieving letter**  **(YES / NO)** |
| **From – Till (DD/MM/YY)** |
|  |  |  |  |  |  |  |  |  |
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Please mention the reason in case the relieving formalities are not completed-

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**PROFESSIONAL TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification** | **Institute/University** | **Grade / Percentage** | **Month & Year of passing** | **Major Achievements** |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Break in Employment (if any)** | | | | |
| **From (DD/MMM/YY)** | **To (DD/MM/YY)** | **Reason(s)** | | |
|  |  |  | | |
|  |  |  | | |
| **Current Salary (in INR– Lac Per Annum)**  Fixed Compensation\_\_\_\_\_\_\_\_\_\_  Variable/incentives\_\_\_\_\_\_\_\_\_\_\_  Other Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Compensation\_\_\_\_\_\_\_\_\_\_ | | | **Expected Salary (in INR– Lac Per Annum)**  Fixed Compensation\_\_\_\_\_\_\_\_\_\_  Total Compensation\_\_\_\_\_\_\_\_\_\_  Notice period(in days) \_\_\_\_\_\_\_\_\_\_  Earliest Joining Date\_\_\_\_\_\_\_\_\_\_\_ |

LANGUAGES KNOWN (please underline your mother tongue)

|  |  |  |  |
| --- | --- | --- | --- |
| **Languages** | **Read** | **Write** | **Speak** |
|  |  |  |  |
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# REFERENCES - Please list three references (at least one reference from the current employer) in your upward chain of management who can evaluate your professional knowledge and ability. *Please do not furnish details of friends, relatives and peers*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title / Designation** | **Company** | **Phone No.**  **(With country code/STD code)** | **Email ID** | **Working relationship with you** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Can we conduct the reference check with your current employer before offer is released? Yes  No

Are you under any employment bond with your current employer? Yes  No

Are you under any legal obligation to your current employer? Yes  No

Have you been convicted for any criminal investigations? Yes  No

If yes, please indicate the type/nature of such legality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT/DECLARATION:**

I understand that this application is not a contract of employment and that my candidature for employment can be terminated, with or without cause, at any time at the discretion of either Allscripts, or myself. I understand that no management official other than the Vice President of HR, Allscripts, may enter into any agreement contrary to this, or give me any oral assurance or promise of continued employment.

I certify that any and all statements which I have set forth in this application are true and correct to the best of my knowledge, and that I have not omitted or concealed any relevant information. I also recognize that any misstatement I have made herein may subject me to discharge in the event that I am hired, regardless of when it is discovered.

I authorize Allscripts to conduct all such verification/investigation as listed above with this application and my resume as it may deem appropriate, including but not limited to contacting former employers and references, and I hereby release Allscripts and all persons or entities providing information in connection with such investigation/verification from all liability.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of applicant: |  | |  |
|  | | First Name | Last Name |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_