IMPORT YOUR PROFILE You can import your information. Apply with **indeed CONTACT INFORMATION** Please enter your contact information. Legal First Name * Fazal Hyder Legal Last Name * Shaik Title Mr. Middle Name Preferred First Name

(773) 565-5665 +1 (United States) **ADDRESS** Please enter your home address.

A

Preferred Last Name

Email Address

fazalhyders@gmail.com

fazalhyders@gmail.com

Re-enter Email Address *

Phone Number *

Country code

Country *

Address Line 2

employer. *

No

No

Ethnicity

Asian

www.dol.gov/ofccp.

Cancer (past or present)

· Cardiovascular or heart

Deaf or serious difficulty

· Disfigurement, for example,

disease

hearing

Diabetes

 Celiac disease Cerebral palsy

Black or African American

Immediately

for the country in which you are applying? *

SUPPORTING DOCUMENTS AND URLS

Please add any additional documents or URLs.

FazalHyder_General Resume.pdf

REMOVE

APPLICATION QUESTIONS

Please answer the following questions.

United States State * GΑ County * Henry City * Stockbridge Zip Code * 30281 Address Line 1 * 1109 Eastwood Village Dr

What is your notice period in your current job? *

What are your salary expectations? Specify the annual gross amount and currency. This is a free-text field. * 70000

Are you party to any oral or written agreements that may restrict or in any other way affect

your ability to work for Ipsos or perform the duties required for this position? Examples

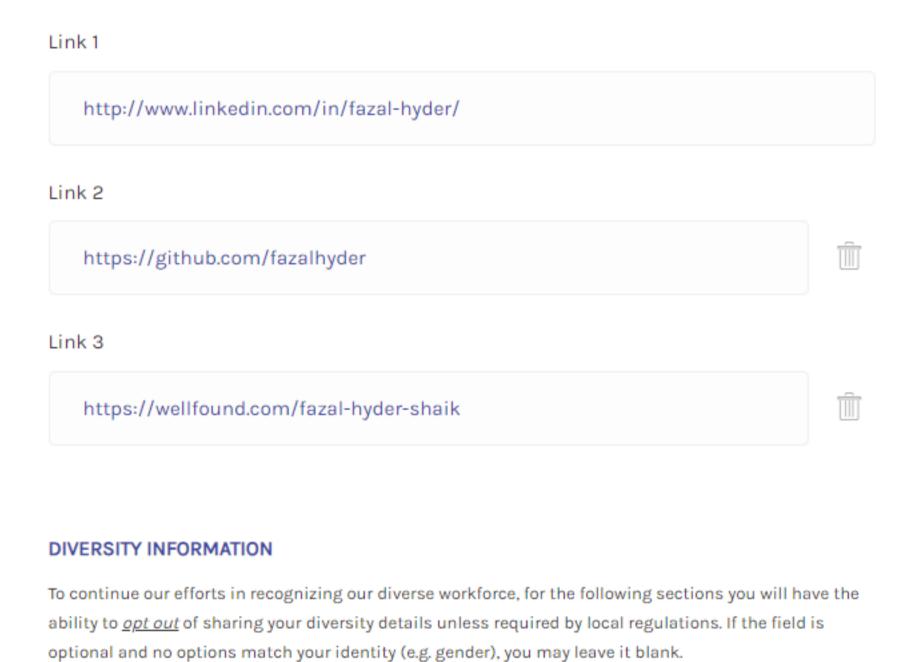
include a non-competition or client non-solicitation agreement with your current

No Have you worked for Ipsos or any subsidiaries of IPSOS as an employee or contractor in the past? *

Will you now or in the future require visa sponsorship for employment (i.e. work permit)

_ipsos-cover-letter.pdf

REMOVE



Hispanic or Latino (if selected, don't tick other options below) Select the races you identify with. American Indian or Alaska Native Any Other

Native Hawaiian or other Pacific Islander White Gender * Male DISABILITY INFORMATION Voluntary Self-Identification of Disability Form CC-305 OMB Control Number 1250-0005 Expires 04/30/2026 Page 1 of 1 Name: Fazal Hyder Shaik Employee ID: (if applicable) Date: 7/5/2024 Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is

opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we

must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

confidential. No one who makes hiring decisions will see it. Your decision to complete the form and

your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to: Epilepsy or other seizure · Nervous system condition, for Alcohol or other substance example, migraine use disorder (not currently disorder using drugs illegally) Gastrointestinal disorders, for headaches, Parkinson's Autoimmune disorder, for disease, multiple sclerosis example, Crohn's Disease, example, lupus, fibromyalgia, irritable bowel syndrome rheumatoid arthritis, HIV/AIDS · Intellectual or developmental · Neurodivergence, for example, attentiondisability Blind or low vision deficit/hyperactivity disorder

· Mental health conditions, for

disorder, anxiety disorder,

benefiting from the use of a

wheelchair, scooter, walker,

schizophrenia, PTSD

Missing limbs or partially

missing limbs

Mobility impairment,

example, depression, bipolar

(ADHD), autism spectrum

other learning disabilities

Partial or complete paralysis

Pulmonary or respiratory

tuberculosis, asthma,

conditions, for example,

(any cause)

disorder, dyslexia, dyspraxia,

How do you know if you have a disability?

emphysema disfigurement caused by leg brace(s) and/or other Short stature (dwarfism) supports burns, wounds, accidents, or Traumatic brain injury congenital disorders Please check one of the boxes below: Yes, I have a disability, or have had one in the past No, I Don't Have A Disability, Or A History/Record Of Having A Disability I do not want to answer PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete. For Employer Use Only Employers may modify this section of the form as needed for recordkeeping purposes. For example: Job Title:

VETERAN INFORMATION Veteran Status Not a Protected Veteran

Date of Hire:

I agree to receive updates about new job opportunities.

Full Name * Fazal Hyder Shaik

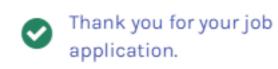
I hereby declare that all information I provided is true.

E-SIGNATURE



MY APPLICATIONS

INFO AND ALERTS





ACTIVE JOB APPLICATIONS

Research Analyst, Innovation (Global Modeling Unit)

Culver City, CA, United States (Hybrid)

Status: Under Consideration 🔻

Ipsos • 2735 • Applied on 07/05/2024

