

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

Preferred Last Name

Email Address

fazalhyders@gmail.com

Re-enter Email Address *

fazalhyders@gmail.com

Phone Number *

Country code

+1 (United States)

(773) 565-5665

ADDRESS

Please enter your home address.

Country *

United States

State *

GA

County *

Henry

City *

Stockbridge

Zip Code *

30281

Address Line 1 *

1109 Eastwood Village Dr

Address Line 2

APPLICATION QUESTIONS

Please answer the following questions.

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 employer. *

No

What is your notice period in your current job? *

Immediately

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

70000

Will you now or in the future require visa sponsorship for employment (i.e. work permit) for the country in which you are applying? *

No

Have you worked for Ipsos or any subsidiaries of IPSOS as an employee or contractor in the past? *

No

SUPPORTING DOCUMENTS AND URLS

Please add any additional documents or URLs.



FazalHyder_General Resume.pdf

REMOVE



_Ipsos-cover-letter.pdf

REMOVE

Link 1

http://www.linkedin.com/in/fazal-hyder/

Link 2

https://github.com/fazalhyder



Link 3

https://wellfound.com/fazal-hyder-shaik



DIVERSITY INFORMATION

To continue our efforts in recognizing our diverse workforce, for the following sections you will have the ability to opt out of sharing your diversity details unless required by local regulations. If the field is optional and no options match your identity (e.g. gender), you may leave it blank.

Ethnicity

☐ Hispanic or Latino (if selected, don't tick other options below)

Select the races you identify with.

☐ American Indian or Alaska Native

☐ Any Other

☒ Asian

☐ Black or African American

☐ 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 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.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is 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 www.dol.gov/ofccp.

How do you know if you have a disability?

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:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

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:
Date of Hire:

VETERAN INFORMATION

Veteran Status

Not a Protected Veteran

☐ I agree to receive updates about new job opportunities.

E-SIGNATURE

I hereby declare that all information I provided is true.

Full Name *

Fazal Hyder Shaik

SUBMIT ▶



Thank you for your job application.



Fazal Hyder Shaik

fazalhyders@gmail.com

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

