

(PLEASE STAPLE A  
RECENT  
PASSPORT-SIZED  
PHOTOGRAPH)



## **EMPLOYEE APPLICATION / JOINING FORM**

### **PLEASE READ THESE INSTRUCTIONS CAREFULLY**

1. Do not leave any item blank. If it does not apply to you, indicate "N.A."
2. Please attach a scanned copy of your passport showing all relevant details.
3. False particulars or willful suppression of material facts will render you liable to disqualification, or, if appointed, to termination and/or appropriate legal proceedings.

**Position Applied For**

**Name:**

**Present Postal Address:**

**Residence Tel. :**  
**Mobile Tel. :**

**Permanent Postal Address:**

**Residence Tel. :**  
**Mobile Tel. :**

**Date of Birth (dd/mm/yyyy):**

**Place of Birth:**

**Nationality At Birth:**

**Nationality At Present:**

**Do you hold Dual Nationality? YES / NO**

**If YES, please specify:**

**Height [In Cms.]:**

**Weight [In Kgs]:**

**Marital Status:** Single / Married / Divorced / Separated / Widowed

**Gender:** Male / Female / Don't want to disclose

**Religion:**

**Date of Joining:**

<b>Passport No</b>	<b>Place of Issue</b>	<b>Date of Issue</b>	<b>Date of Expiry</b>
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<b>Have you ever been convicted of a criminal offense?</b>	<b>YES / NO</b>
<b>Have you ever required medical treatment or counseling for drug or alcohol abuse?</b>	<b>YES / NO</b>
<b>If Yes, please give details:</b>	

<b>Have you any pre-existing medical conditions/illnesses?</b>	<b>YES / NO</b>
<b>Do you suffer from any physical defect or partial disability?</b>	<b>YES / NO</b>
<b>If Yes, please give details:</b>	

<b>Do you have any relatives employed by Sort String or any of its subsidiaries?</b>	<b>YES / NO</b>
<b>If Yes, please give details</b>	<b>Name: Relationship: Designation:</b>

### **Emergency contact details**

<b>Name:</b> <b>Address:</b> <b>Relationship:</b> <b>Residence Tel.:</b> <b>Mobile Tel.:</b>
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<b>Do you wear</b> a) Glasses? b) Contact Lenses?	<b>YES / NO</b> <b>YES / NO</b>
<b>If yes, please give details:</b>	
<b>Do you suffer from color blindness?</b>	<b>YES / NO</b>

<b>Do you smoke?</b>	<b>YES / NO</b>
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<b>Have you ever worked irregular hours?</b>	<b>YES / NO</b>
<b>Are you prepared to do shift work?</b>	<b>YES / NO</b>

<b>Do you hold a valid driving license?</b>	<b>YES / NO</b>
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If yes, please give details	DL No: Issued in Valid until:
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### **Education & Qualifications**

	Qualifications Achieved	From - To
School / College ( Highest Qualification )		
University / Other		
Business / Professional		
Other		

Please indicate competency in languages [ B = basic, I = Intermediate, F = fluent ]			
Language	Read	Write	Speak

### **Employment History ( Start with your current/last employer)**

Name and City of Employer	From - To	Position held	CTC

### **References**

Please give at least 2 business and 1 personal reference ( NOT family members/ Relatives )
Name: Address: Position: Email: Phone:

**Name:**  
**Address:**  
**Position:**  
**Email:**  
**Phone:**

**Name:**  
**Address:**  
**Position:**  
**Email:**  
**Phone:**

**Please list any interest in sports and/or other hobbies?**

**Briefly state why you wish to join SortString Solutions or any of its subsidiaries?**

**Declaration**

I hereby declare that the information given is correct to the best of my knowledge and belief and that I have not withheld any information which might reasonably be calculated to adversely affect my suitability for employment.

**Dated:**

**Signed :**