## COMPANY APPLICATION | EMPLOYEE DATA SHEET

| Personal Information                 |                   |
|--------------------------------------|-------------------|
| Name with Initials:                  |                   |
| Full Name:                           |                   |
| Date of Birth:                       | Sex:  Male Female |
| Temporary Address:                   |                   |
| Permanent Address:                   |                   |
| Mobile:                              | Home:             |
| Email Address:                       |                   |
| Marital Status:  Single  Married     |                   |
| Name of Spouse:                      |                   |
| Occupation:                          |                   |
| Office Address:                      |                   |
| Mobile:                              | Office:           |
|                                      |                   |
| Job Information                      |                   |
| Title:                               | Employee ID:      |
| Supervisor/Manager:                  | Department:       |
| Work Location:                       | Email:            |
| Office Number:                       | Personal Number:  |
| Starting Date:                       | Salary:           |
|                                      |                   |
| <b>Emergency Contact Information</b> |                   |
| Contact Person 1                     |                   |
| Full Name:                           |                   |
| Address:                             |                   |
| Mobile:                              | Office:           |
| Relationship:                        |                   |
|                                      |                   |
|                                      |                   |

## Full Name Address: Mobile: Relationship: Bank Details 1. Bank Name: 2. Bank Branch: 3. Bank Account No:

**Contact Person 2** 

| ather's D   | etails          |      |            | Mother's Details  |  |
|-------------|-----------------|------|------------|---|--|
| Name:       |                 |      |            | Name:   |  |
| Occupatio   | on:             |      |            | Occupation:   |  |
| ООВ:        |                 |      |            | DOB:  |  |
| Age:        |                 |      |            | Age:  |  |
| imployer:   |                 |      |            | Employer:   |  |
| Brothers/S  | Sisters Detail  | s    |            |   |  |
| Name        | DOB             | Age  | Occupation | Employer's Name & Address                               |  |
| 1.          |                 |      |            |   |  |
| 2.          |                 |      |            |   |  |
| 3.          |                 |      |            |   |  |
| 4.          |                 |      |            |   |  |
|             |                 |      |            | I   |  |
| ducations   | al Informatio   | n    |            |   |  |
|             |                 |      |            |   |  |
|             | Records         |      |            |   |  |
| . School    |                 | Year | Attended   | nest Examination at which candidate has been Successful |  |
| Name of Sci | hool & Location | From | - To       |   |  |

| 2. Hobbies:              |  |                                      |
|--------------------------|--|--------------------------------------|
| 3. Membership of Profess | ional Institutes:  |                                      |
| I. Institute:            | Membership Type:   | Date Enrolled:                       |
| II. Institute:           | Membership Type:   | Date Enrolled:                       |
| 4. Relatives Employed by | Devtrex (PVT) LTD:   |                                      |
| Name of Relative:        | Company/Department:  | Relationship:                        |
|                          |  |                                      |
|                          | physical disabilities & serious illness in   | the past or at present :             |
|                          | physical disabilities & serious illness in  for this company before? If yes :  Period: | the past or at present :  Post Held: |

## As informed to you following mandatory documents should be attached:

- 1. 02 passport size photographs
- 2. Bank A/C Passbook Copy
- 3. Certifications of services of previous employers
- 4. Copies of Professional Certificates
- 5. Copies of other relevant certificates
- 6. Copy of A/L Certificate
- 7. Copy of O/L Certificate
- 8. NIC / Passport Copy
- 9. Copy of Birth Certificate
- 10. Grama Niladari Certificate (original)