

MASTER MOTOR CORPORATION PRIVATE LIMITED.**Employment Application Form**
(Confidential)

Application for the post of:		Please attach a Recent photograph
Source of information about this vacancy:		
Newspaper: <input type="checkbox"/> Website: <input type="checkbox"/> Friend: <input type="checkbox"/> Employee Ref.: <input type="checkbox"/> Social Media: <input type="checkbox"/> Consultant: <input type="checkbox"/> Others: _____		
Current Gross Salary:	Expected Gross Salary:	

A. PERSONAL INFORMATION:

Name (in full):	Place & Date of Birth:
	Age:
Father's Name:	Father's Occupation:
CNIC No.:	Driving License No.:
Date of Issue & Expiry:	Date of Issue & Expiry
Current Address:	Phone No.:
	Mobile No.:
Permanent Address:	Phone No.:
	Email Address:
Political Affiliation, if any: (Party name):	Rank (If Office Bearer):
Marital Status:	Children:
Next of Kin (Name & Relationship):	Next of Kin (Address and Contact Details):
Mother Tongue:	Working knowledge of other languages:
Health: Any disability / chronic illness during last 5 years:	Blood Group:
Ever involved in Criminal Activity (Yes/No): Details in case of Yes,:	
Contact Person (In case of any Emergency): _____ Contact No: _____	
Address: _____	

MASTER MOTOR CORPORATION PRIVATE LIMITED.**B. EDUCATIONAL RECORD:**

Start from Last Degree:

No.	Name of Institution School / College / University	Length of Tenure / Year(s)	Name of Degree / Diploma Obtained	Subject / Majors	Year of Completion	Grade / Division
1						
2						
3						
4						
5						
6						

Co-Curricular Achievements During Education:

C. PROFESSIONAL TRAININGS:

No.	Type of Course / Training	Institution	Qualification / Certificate	Date / Period
1				
2				
3				

Give details if ever remained self-employed: (Nature of Business and Tenure)

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MASTER MOTOR CORPORATION PRIVATE LIMITED.

D. PREVIOUS EMPLOYMENT DETAILS:

Start from your current / last job:

	(1) Current / Latest	(2)	(3)
Organization:			
Nature of Business:			
Address:			
Boss / Manager:			
Phone Nos.:			
Starting Position:			
Last Position:			
Date Joined: (Month/Year)			
Date Left: (Month/Year)			
Total Duration:			
Starting Salary: *			
Last Salary: *			
Reason for Leaving:			

	(4)	(5)	(6)
Organization:			
Nature of Business:			
Address:			
Boss / Manager:			
Phone Nos.:			
Starting Position:			
Last Position:			
Date Joined: (Month/Year)			
Date Left: (Month/Year)			
Total Duration:			
Starting Salary: *			
Last Salary: *			
Reason for Leaving:			

MASTER MOTOR CORPORATION PRIVATE LIMITED.

E. Please mention below Key Roles & Key Achievements of your current job:

1	
2	
3	
4	
5	

F. Please mention Benefits' details of your current employment:

▪ **Vehicle (Car / Motorcycle)**

Yes ☐ No ☐

(Please mention brand and cc):

Buy Back Option:

Yes ☐ No ☐

▪ **Bonus**

Yes ☐ No ☐

(Please mention number of Bonus)

Based on Basic or Gross Salary

▪ **Leave Fare Assistance:**

Yes ☐ No ☐

Based on Basic or Gross Salary

▪ **Gratuity:**

Yes ☐ No ☐

Based on Basic or Gross Salary

Starts When? _____

▪ **Provident Fund:**

Yes ☐ No ☐

▪ **Health Insurance:**

Yes ☐ No ☐

▪ **OPD:**

Yes ☐ No ☐

Monthly Amount:

▪ **Fuel Entitlement:**

Yes ☐ No ☐

Limit Per Month

▪ **Cell Entitlement:**

Yes ☐ No ☐

Limit Per Month

▪ **Sales Incentive**

Yes ☐ No ☐

Monthly Average:

Please mention s additional benefits below, if any:

MASTER MOTOR CORPORATION PRIVATE LIMITED.**G. Blood Relative in Company / Group:**

No	Name	Designation	Company	Location	Relationship
1.					
2.					
3.					

Have you ever applied / worked in this Organization? (If yes, give details)

Name of your relative or friend who is working or have previously worked in this Organization

Besides the job, do you have other means of subsistence of your family and yourself?

Notice period with current employer

H. REFERENCES:

Please provide one reference of your previous Employer and atleast two of respectable persons like Businessmen, Professors, Lawyers, Doctors, Government officials etc. References of relatives are not admissible. Company may contact the mentioned references in case of your consideration for employment.

No.	Name	Occupation/ Designation	Address	Phone No / Mobile No.
1				
2				
3				

Can you submit written undertakings from them, if required, in the event of your getting this post?

Undertaking and certification

If you wish to provide additional information about yourself which you think could be helpful for us to assess your abilities then please write it on a separate A-4 size sheet and enclose with this form

Declaration by Applicant

I certify that the information given herein is true and complete to the best of my knowledge. I authorize company or its nominated vendor/third party to make investigations and inquiries of my personal, employment, financial or medical history and other related matters, mentioned in this form, as may be necessary in arriving at an employment decision. In the event of employment, I understand that any false or misleading information given in my application or interview shall result in discharge. I agree to abide by the rules and regulations of the Organization.

Date: _____

Signature of Applicant _____