



# JOB APPLICATION FORM

*Please insert  
your passport  
size photograph  
in this space*

**POSITION APPLIED FOR:** \_\_\_\_\_

**SURNAME** : \_\_\_\_\_

**FIRST NAME/S** : \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

**PHONE NO.** : \_\_\_\_\_ **MOBILE NO.:** \_\_\_\_\_

**NIC No.** : \_\_\_\_\_ **OFFICE CONTACT NO.:** \_\_\_\_\_  
(National Identity Card Number)

**DATE OF BIRTH** : \_\_\_\_\_ **MARITAL STATUS (M/S)** : \_\_\_\_\_

**SEX (M/F)** : \_\_\_\_\_ **EMAIL ADD:** \_\_\_\_\_

## **EDUCATION & TRAINING**

**School Certificate – Year :** \_\_\_\_\_

**Institution:** \_\_\_\_\_

SUBJECTS		GRADE/ PERCENTAGE	SUBJECTS		GRADE/ PERCENTAGE
1			6		
2			7		
3			8		
4			9		
5			10		

**Higher School Certificate – Year :** \_\_\_\_\_

**Institution:** \_\_\_\_\_

SUBJECTS (Main)		GRADE/ PERCENTAGE	SUBJECTS (Subsidiary)		GRADE/ PERCENTAGE
1			1		
2			2		
3			3		
4			4		
5			5		

**ADDITIONAL COURSES/DIPLOMA (List the most recent ones first)**

Srn	DIPLOMA/COURSE	MAJOR SUBJECTS	YEAR (From - To)	INSTITUTE	GRADE/ PERCENTAGE
1					
2					
3					

**TERTIARY EDUCATION**

Srn	DEGREE/COURSE	MAJOR SUBJECTS	YEAR (From - To)	INSTITUTE	GRADE/ PERCENTAGE
1	(Post Graduate)				
2	(Graduate)				

**WORK EXPERIENCE (List the most recent ones first)**

Srn	COMPANY NAME	DESIGNATION (Last held/Holding)	YEAR (From - To)	SALARY	REASON FOR LEAVING
1					
2					
3					

**AWARDS (including non-academic achievements)**


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**WHERE DO YOU SEE YOURSELF IN 3 YEARS' TIME?  
(Your Career Aspiration)**


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**MAIN STRENGTHS**


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**AREAS OF IMPROVEMENT**


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**HOBBIES AND OTHER INTERESTS**


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**MEDICAL HISTORY**

- 1) Have you ever suffered from any serious illness? Yes  No   
If yes, state nature of illness \_\_\_\_\_
- 2) Have you ever undergone any surgical operation? Yes  No   
If yes state nature of operation \_\_\_\_\_
- 3) Have you met with an accident? Yes  No   
If yes, state nature of injury \_\_\_\_\_

**GENERAL INFORMATION**

- 1) Are you prepared to travel for overseas assignment, which may be anything between one day and more than one year? Yes  No   
If No, give reasons: \_\_\_\_\_
- 2) Are you willing to take employment on a contractual (renewable) basis? Yes  No   
If No, give reasons: \_\_\_\_\_
- 3) Do you have any relative or acquaintance working at State Informatics Ltd.? Yes  No   
If yes: Name of Employee \_\_\_\_\_ Relationship \_\_\_\_\_
- 4) If selected how soon you could start work?  
\_\_\_\_\_

**REFERENCES** *(Name, designation & phone number)*

_____	_____
_____	_____
_____	_____
_____	_____

I Certify that all the information given in this application form is true to best of my knowledge.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For Office Use Only:**

Date to start work _____	Department _____	Job Title _____
Starting Salary Rs _____	Salary Range: _____	Probation/Contract Period _____
HR Manager Signature: _____	General Manager Signature: _____	