

JOB APPLICATION FORM

JOB POSITION (employers' section)

PLEASE NOTE: 1. By filling the application form, you will not be held responsible for any role for the company.

2. Please fill out the questionnaire in person and answer all questions concisely and without abbreviations.

- 3. You must attach all the required documents to the application form.
- 4. Materials attached to the application form cannot be returned.

The position you are inter	rested in						
The amount of salary you							
Would you be able to wo							
		ENERAL INFOR	-				Photo (4x6)
1.1. Family name: Last name:							
1.2. Age: 1.	3. Gender: ma	le / female (please	underline)				
1.4. Ethnicity:							
1.5. Date of Birth:			day				
1.6 . Birthplace:							
1.7. Social background: _							
1.8. Current administration	on:					_	
1.9. Registration number:	·						
1.10. Insurance number:_		1.11. Hea	lthcare nui	nber:	 		
1.12. Current address :					 		
1.13. Please indicate one	relating your c	urrent housing:	yours	parents, realtives	rent	other	
1.14 E-mail:		1.15. Post ad	ldress:		 		
1.16. Phone number: hon	ne:	cellphone:		work:		other:	

Two. EDUCATION, PROFESSIONAL STATUS

C Other

2.1. EDUCATIONAL DEGREE: /please cross /

□ Primary eductaion □ Secondary education □ Collage education □ Bachelor □ Master □ Above master

2.2. EDUCATION /please include high school /

School name	Location	Enrolled date	Graduted date	Profession	Specializations	Diploma number

2.3. PROFESSIONAL TRAINING / write internships and specializations in foreign and domestic work /

Company name	Date of beginning	Duration	Specialization	Certificate number

2.4. TRAININGS AND SEMINARS N	NOT RELATED TO	YOUR PRO	FESSION	

	NOT REEMILE TO TO	JOK I KOI LODIOIN	
Name of course	Year	Type of course	Duration time

2.5. LEVEL OF FORIEGN LANGUGAE KNOWLEDGE /please use + to check/

		C -	1	~	,	Writing		Translating						Understanding			
Language	Length of	5]	peakin	g		vvriun	g		Oral			Written			Understanding		
guuge		Very good	Good	Bad	Very good	Good	Bad	Very good	Good	Bad	Very good	Good	Bad	Very good	Good	Bad	
English																	
Russian																	

2.6. COMPUTER SKILLS /please use + to check/

Computer program name	Microsoft Word	Microsoft Excel	Microsoft Powerpoint	Microsoft Access	Page Maker	Photo shop	Corel Draw	Financial programs	
Beginner									
Average									
Advanced									
Never used before									

Three. EMPLOYMENT STATUS

3.1. Are you currently employed?____

3.2. YOUR WORK EXPERIENCE /Please start with your most recent job/

Company name	Type of business	Employment date (starting)	Employment date (ending)	Salary	Position	Length of employment	Reason for leaving

Length of years you worked for civil service and paid social insurance...... year...... month

3.3. REFERENCES (Provide information of 3 person who can define your professional and personal skills)

Company name	Name	Job position	Relationship to you	Phone number	E-mail

3.4. What do you know about your profession?

3.5. Other skills you have related to your profession:

3.6. If you have not been employed for a long time, please state your reasons:_____

3.7. What kind	3.7. What kind of work are you interested in besides your main profession?										
1			3	3							
2											
3.8. Available	3.8. Available start date: explanation:										
3.9. Permanent employment period: / please cross /											
\Box up to one year \Box 1 – 3 year				3–5 year	\Box more the	an 5 years					
FOUR. FAMILY STATUS											
4.1. MARRIA	GE STATUS / pl	lease cross /	🛛 Marri	ed	□ Single	□ Divorced					
4.2. FAMILY	STATUS: Num	ber of family memb	oers	/ write far	nily members only c	currently living with	n you/				
Relationship	Last name	First name	Birth of date	Gender	Job title	Phone number	Salary				

4.3. INFORMATION ABOUT YOUR PARENTS, SIBLINGS AND RELATIVES

Relationship	Name	Age	Gender	Company name, Job title	Phone number

FIVE. SOME PERSONAL INFORMATION

5.1. YOUR STRENGTHS AND WEAKNESSES

Strengths	Weakness

5.2. ART AND SPORT TALENTS

Any prize, or rating	Date of prize / from where /
	Any prize, or rating

5.3. YOUR HOBBY, SPECIAL TALENTS _____

HONODADY AWADDS / STATE MEDAL HONODS /

Name of the award	Date of the award	What company were you working
5.5. PUNISHMENT / whether any previous	s sentence or disciplinary action has been ta	aken /
□ YES □ NO	Explanation:	
5.6. Do you have any health concerns:		
5.7. Housing condition: / please cross /		
State /privatized /	□ Private house □	Rent D Others
5.8. Do you have driving license?	Category	How long have you been driving?
□ Yes □ No	$\Box B \Box C \Box D \Box E$	
5.9. Do you own a car? Yes	No Car type :	
-		Yes No
5.10. Does your friends and relatives work	for our company:	Yes 🗌 No 🗌
5.10. Does your friends and relatives work to Name :Y	for our company: Your relationship:	Yes □ No □ _ Which unit:
5.10. Does your friends and relatives work	for our company: Your relationship:	Yes □ No □ _ Which unit:
5.10. Does your friends and relatives work to Name :Y	for our company: Your relationship:	Yes □ No □ _ Which unit:
5.10. Does your friends and relatives work to Name :Y	for our company: Your relationship:	Yes □ No □ _ Which unit:
5.10. Does your friends and relatives work to Name :Y	for our company: Your relationship:	Yes □ No □ _ Which unit:

Thank you. And good luck!

Employment part: To be completed by the human resources officer and relevant officials.

1.		
whether connected	Date	Note

2.

Name of interviewer	Job title	Date of meeting	Note

3.

Date of start	Branch, unit	
Orignal copy diploma	The amount of money given as collateral for the diploma	
Date of end	Reason for leaving	