**EDUCATION, EMPLOYMENT & BACKGROUND INFORMATION FORM**

The information requested below is collected solely for the purpose of aiding FCCU in connection with your employment application. Please provide copy of your CNIC to HR.

\**Indicates a required field*

**Personal Data**

|  |  |
| --- | --- |
| **Full Name\*(As per CNIC)** |  |
| **CNIC # \*** |  |
| **Gender** |  Female  Male  Prefer not to say  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Religion** |   |
| **Contact #\*** |  | **Email ID** |  |
| **Where did you spend the majority of your school-age years (ages 5-18): (Please indicate location(s) and your age(s) there)** Lahore Another major city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village/rural area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside Pakistan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Education, Professional Qualifications and Training\***

Please provide details of all academic and profession qualifications and training you have completed. You may add rows where required. Please ensure copies of educational documents are provided to HR.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic and Professional Qualifications** | **Date of completion** | **Grade/CGPA (if relevant)** | **School, College, University** | **City** |
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**Employment History\***

Please provide details of your current and all your previous employment including voluntary or unpaid work. Please also mention period of unemployment/career break. If you have been dismissed, please mention in the reason. You may add rows were required. Please ensure copies of experience letters and salary slips (if required) are provided to HR.

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| --- | --- | --- | --- | --- | --- |
| **Name & address of employer** | **City** | **Dates of employment** | **Position held & main duties** | **Salary** | **Reason for leaving** |
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**Other Employee Background Information\***

Please provide details (including date, dealing authority, offence or nature of incident and the outcome or result) if you have been:

* Found guilty by a court of any offence
* Been charged with an offence which is still pending
* Been dismissed from any office in the past
* Found involved in harassment at workplace

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Please note that evidence of any of the above will not necessarily disqualify an employee from appointment. Each decision will be taken on a case-by-case basis dependant on the nature of the circumstances. However, a failure to disclose relevant information which is subsequently discovered may result in the employment being summarily terminated.

**Disability**

The ICT Rights of Persons with Disability Act 2020 defines disability as *‘a long term physical or mental condition that limits a person's movements, senses or activities and shall include physical, mental, intellectual and developmental disorders or sensory impairments which in interaction with participate fully and effectively in day to day performance and interaction with others on an equal basis’.*

Do you consider yourself to have a disability?

 No

 Yes (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Prefer not to say

**Relatives at FCCU\***

Please note that you are required to declare whether your relative(s) are working in FCCU in any capacity (regular, visiting, temporary, part-time). Relatives include applicant’s spouse, father, mother, sister, brother, grandparent, grandchild, aunt, uncle, niece, nephew, first cousin, or in-laws of the same relation. Please mention complete name of your relative and the department in which he/she is working.

Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, please mention relationship, name, designation, and department

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**Declaration\***

I declare that the information contained within this form is correct and true. I understand that, if I have knowingly provided false information I may be dismissed from employment.

Signature:

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**