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Please attach

a recent

Photograph

PAF Employment Form

**Note:**

1. Please answer all questions. Additional information if any may also be attached
2. The information and all details furnished by you will be treated as strictly confidential
3. Incorrect information can result into your disqualification

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| Personal Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applied for: | | | Date of Birth | | | | | | | | | | Place of Birth | | | | | | | | | | | | | | | | |
| **Full Name:** | | | Nationality | | | | | | | | | | GenderMaleFemale | | | | | | | Marital Status Single  Married  Divorced  Widowed | | | | | | | | | |
| Religion | | | | | | | | | |
| Father’s/Husband’s Name: **Father’s/Husband’s Occupation:** | | | Number of Children (If Applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender (M/F) | | |  | | |  | | | | | |  | | | |  | | | | |  | | |  | | |
| Age | | |  | | |  | | | | | |  | | | |  | | | | |  | | |  | | |
| **Residential Address**: | | | | | Tel: (Residence):(Mobile): | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | |
| **CNIC No** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  | | - | |  |  | | | |  |  |  | |  |  | | - |  |
| **Person to contact in Emergency**  **Name: Relation:**  **Address:**    **Residential No. : Mobile No. :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education & Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Institution | Period | | | Degree | | | | | | | Grade/CGPA | | | | | | | Major(s)/ Subject(s) | | | | | | | | | | | |
| From | To | |
|  |  |  | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | |
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| Employment Record (Please start first from the present/last Job) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates | | | | **Organization** | | | | | | **Designation** | | | | | | | **Gross Salary** | | | **Reason for Leaving** | | | | | |
| **From** | | **To** | |
|  | |  | |  | | | | | |  | | | | | | |  | | |  | | | | | |
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| **Expected Salary: Rs.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe any previous experience relating to the position you are applying for:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Were you ever dismissed or asked to leave your Job? Yes/No** | | | | | | | | | | | | | | **Have you previously worked at PAF? Yes/No** | | | | | | | | | | | |
| **Are you involved in any litigation? Yes/No** | | | | | | | | | | | | | | **If yes, please give the following particulars:** | | | | | | | | | | | |
| **May we approach your previous employers? Yes/No** | | | | | | | | | | | | | | **Name of Department:** | | | | | | | | | | | |
| **When can you join PAF (if selected)?** | | | | | | | | | | | | | | **Date of Joining: Date of Leaving:** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Reason for Leaving:** | | | | | | | | | | | |
| **Skills** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Languages** *Indicate for each of the following (Key: E=Excellent, G= Good, F=Fair, N=Need Training)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **English** | | | | | | **Urdu** | | | **Other:** | | | | | | | **Other:** | | | | | | **Other:** | | | |
| **Spoken** | **Read** | | **Written** | | | **Spoken** | **Read** | **Written** | **Spoken** | | | **Read** | | | **Written** | **Spoken** | | | **Read** | | **Written** | **Spoken** | | **Read** | **Written** |
|  |  | |  | | |  |  |  |  | | |  | | |  |  | | |  | |  |  | |  |  |
| **Computer Skills** *Indicate for each of the following (Key: E=Excellent, G= Good, F=Fair, N=Need Training)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MS**  **Word** | | | | | **MS**  **Excel** | | | **MS Power**  **Point** | | | | | **Internet**  **/E-Mail** | | | | | **Graphic**  **Package** | | | | | **Programming Languages** | | |
|  | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |
| **References**  (Please list three reference out of which at least one should be Professional) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | Address/Contact Number | | | | | | | | | | | | | | |
| **1.** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **2.** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **3.** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Do you have any relative working at PAF? Yes/No**  **(If yes please state position & place of work)** | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **FOR PAF USE ONLY** |
| **Interviewers:** |
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| **Approving Authority:** |
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**Approving Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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