

EMPLOYMENT APPLICATION FORM

Please fill this form carefully and don't left any column blank. Info. not applicable be marked as N/A.
 Email this form at careers@lrbt.org.pk mentioning the position name in subject line.

Post applied for	Click or tap here to enter text.
Preferable branch of LRBT	Choose an item.

SECTION 1 - PERSONAL INFORMATION

Name <small>(as per CNIC)</small>	Click or tap here to enter text.						
Date of birth <small>(DD-MM-YYYY)</small>				Age		Place of birth	
Religion			Gender	Choose an item.		Nationality	
Blood group	Choose an item.		Domicile			Any disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present mailing address							
					City		
Permanent mailing address							
					City		
CNIC No.					CNIC expiry		
Tel. (Res.):					Mobile		
Tel. (Off.)					E-mail		

SECTION 2 - FAMILY INFORMATION

Candidate's Father name	Click or tap here to enter text.						
Candidate's Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorced						
Candidate's Spouse name(s)	Click or tap here to enter text.						
No. of Family Members	Son				Daughter		
Do you have any relative who works/has worked for LRBT? <i>If yes, then provide following information:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of relative					Relationship		
Designation					Department	Choose an item.	

SECTION 3 – QUALIFICATION (*Write the most recent first, use additional sheet if required.*)

Degree/ Diploma/ Certificate	Name of institute	Period		Major subjects/ specialization	Grade/ Division/ GPA
		From (YYYY)	To (YYYY)		

Any other Course/ Degree/ Certificate being undertaken presently?

☐ Yes ☐ No

If yes, then provide information as required below:

Degree/ Diploma/ Certificate	Name of institute	Period		Major subjects/ specialization
		From (YYYY)	To (YYYY)	

SECTION 4 – MEDICAL LICENSE (*For Doctors and Paramedical Positions only*)

PMDC No. (For Doctors only)		PMDC expiry	
Diploma/Certificate No. (For Paramedics only)		Expiry date	

SECTION 5 – COMPUTER & LANGUAGE SKILLS

Computer skills	1		2		3	
Language skills	1		2		3	

SECTION 6 – EMPLOYMENT HISTORY (*Write the most recent first, use additional sheet if required.*)

Organization	Position held	Period		Last salary Rs.	Reason for leaving
		From (MMM-YYYY)	To (MMM-YYYY)		

SECTION 7 – HEALTH & LEGAL (use additional sheet if required.)			
Have you ever been convicted of a crime? <i>If yes, then provide following information:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of crime		Date of conviction	
Detail of punishment		Total No. of convictions	
Are you under treatment/medication of any disease? <i>If yes, then provide following information:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of disease		Treatment start date	

SECTION 8 – EXTRA CURRICULAR			
Sports		Political affiliation	
Responsibility in Union / Association Committee		Any other interest	

SECTION 9 – ADDITIONAL INFORMATION
State any information which you feel is relevant to your application for this position. (e.g. trainings, short courses, personal abilities, achievements at work, non-work related or voluntary experience) <u>Use additional sheet if required.</u>

SECTION 10 – REFERENCE		(Please provide two professional references, one should be of your present/last employer)	
Name		Name	
Occupation		Occupation	
Address		Address	
Contact No.		Contact No.	

Current / Last drawn salary		Expected salary (be specific)	
Expected joining date			

All the information provided by me is correct. Any wrong statement will result in termination of my employment.			
Date		Signature	