



SHAHEED ZULFIKAR ALI BHUTTO
INSTITUTE OF SCIENCE AND TECHNOLOGY

Staff Application Form

Campus Applied For _____ **Position Applied For** _____
(Karachi /Islamabad /Larkana/Hyderabad/Dubai)

Name _____ **Father's Name** _____

Date of Birth _____ **E-mail** _____ **Cell No** _____

EOBI Registration Number _____ **Nationality** _____

CNIC# _____ **Mailing Address** _____

_____ **Res Phone** _____

Contact Details in case of emergency

Name: _____ **Cell No:** _____ **Email:** _____

Address: _____

Working Experience (Start with the current job)

Organization (Name & Address)	Designation	Job Description	Salary	From -To	Reason for leaving

Educational Qualification

Degree	Degree Title	Institution	Year	Major Subjects	Div/ CGPA
Masters					
Bachelors					
Intermediate					
Metric					

If you expect to complete an educational program in near future, please indicate below the type of degree or program and expected completion date:

Degree/Program	Expected Date of Completion

Desired Pay _____	Available for this job on _____
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Are you related to any current or former employee of SZABIST?

☐ No ☐ Yes (Name: _____ Designation: _____)

References

Please list two professional references other than previous employers.

Name _____	Name _____
Position _____	Position _____
Company & Address _____	Company & Address _____
_____	_____
Telephone _____ E-mail _____	Telephone _____ E-mail _____

Current / Previous Job Information

Current/Previous Employer/Company	
Company Address	
Designation & Employee ID (If any)	
Date of Joining / Leaving (Whichever is applicable)	
Supervisor Name, Contact No. & Email Address	
Current / Last Drawn Salary	
Details of Entitled Benefits (For e.g. Leaves, TPT, Accommodation, Fuel, Health / Life Insurance) (Use separate sheet if necessary)	

Applicant Certification

I certify that the information submitted in this application process is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize SZABIST to inquire as to my educational certificates with the relevant educational institutions and my employment record with any of my former employers or my present employer with no liability arising there from.

Applicant's Signature: _____

Date: _____