



GUEST INN SUITES
HYDERABAD

To: The Personal Manager
Application for Employment

Date : _____

Name:

Father's Name:

Present Address:

Permanent Address :

Telephone No: (.....)..... Mobile No: (.....).....

Date of Birth: Age:

Marital Status:

(Check box) a. Single b. Married c. Widowed d. Divorced e. Separated

Number of Dependents:

Position Applied For:

Minimum Salary Desired:

Nationality: Passport Number/ PAN Number:

Are you employed now? YES / NO May we refer to your employer? YES / NO

If So, Where? In what capacity?

Why do you wish to change?

Are you studying at present? YES / NO If So, what?

Where ?

EDUCATION

Name and Address of School or College	From	To	Degree of Certificate	Course of Study (Major)
.....				
.....				

LANGUAGES

Which languages do you know?	Speak			Write			Understand		
	Excellent	Well	Fair	Excellent	Well	Fair	Excellent	Well	Fair

Are you computer Savvy? YES/ NO.

Which kinds of work are you most qualified to do?

PHYSICAL INFORMATION

Height Weight Color of eyes Color of hair

How would you rate your health? Excellent Good Fair Poor

Please check () if you had trouble with:

Heart Lungs Hernia Nervous Disorders



Have you any handicaps in the following: Explain:
 Feet Hands Sight Hearing Speech

Any serious illness, injury or surgery?

GENERAL INFORMATION

Have you even been convicted of a crime?

When? Nature Disposition

EMPLOYMENT RECORD

In the space below, list the positions you have held. Show the last Position first. List all employment held.

Name and Address of Employer	Employed		Nature of Business	Position & Duties	Salary	Name of Supervisor	Reason for leaving
	From	To					
.....							
.....							

If there is any additional information you wish to give, use this space :

.....

PERSONAL REFERENCES

At Least 5 years acquaintance

Do not list relatives

Name	Address	Occupation	Years known

In signing this application and in consideration of securing employment with GUEST INN SUITES, I hereby affirm that the thereof preceding statements are true to the best of my knowledge and belief, and that any misrepresentation of facts or material omission such as health or business experience shall be the cause of dismissal.

Signed and Dated Applicant Name

DO NOT WRITE BELOW THIS LINE

EMPLOYER'S RATINGS & COMMENTS

INTERVIEWED BY :

COMMENTS :

ADMINISTRATION & PERSONNEL MANAGER'S COMMENTS:

MANAGING DIRECTOR APPROVAL : _____ DATE :