

DFID – NHSSP

Job Application form

A. General Information

1. Date of Application:

2. Position applied for:

3. Referral Source: Advertisement Employee Other

Name of publication (if source is advertisement):

B. Name, address and contact No.

1. Applicant's full Name:

2. Citizenship No:

3. Date and place of issue(citizenship):

4. Date of Birth (MM/DD/YYYY):

5. Sex: Male Female Others

6. Permanent Address:

Province / District:

Municipality/Ward No.:

7. Contact / temporary Address:

Province / District:

Municipality/Ward No.:

Telephone No.:

Mobile No.:

8. Email Address:

C. Other Information:

1. How many years of work experience do you have? years

2. Are you currently employed? Yes No

3. May we contact your present employer for a reference? Yes No

4. Have you ever been employed with us before? Yes No

If yes, give date: to

5. Are you prevented from lawfully becoming employed in this country? Yes No

6. Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify you) Yes No

7. Do you have any health conditions that may limit your ability to work outdoors, walk distances? Yes No

If yes, please explain.

8. On what date would you be available for work? Date:

9. If you are willing to work with us, what is your salary expectation for this position? (you must specify in figure) NPR gross per month

D. Educational Background (beginning with your most recent degree)

University/ School and Address	Year of Graduation	Degree Obtained	Grade Score

E. Employment Information:

List prior work experience (starting with the most recent employment). You may include volunteer or unpaid work as part of your history. If you do not have enough space to list all your work experience, use a separate sheet for continuation. Even if you include a resume you must still complete the entire application.

Particulars		Description	
1	Organization's Name		
	Address		
	Office Phone No.		
	Employment duration	From	To
	Your job title		
	Your major role and responsibilities (be specific)		
	Supervisor's Name		
	Your monthly salary (gross)	NRs.	

Particulars		Description	
2	Organization's Name		
	Address		
	Office Phone No.		
	Employment duration	From	To
	Your job title		
	Your major role and responsibilities (be specific)		
	Supervisor's Name		
	Your monthly salary (gross)	NRs.	
Particulars		Description	
3	Organization's Name		
	Address		
	Office Phone No.		

Employment duration	From		To	
Your job title				
Your major role and responsibilities (be specific)				
Supervisor's Name				
Your monthly salary (gross)	NRs.			

F. Language Ability

Write the names of all languages you know and rate your reading, writing and speaking ability using the following: Limited =1, Good =2, Excellent =3

S.N.	Language	Read	Write	Fluency / Speak
1				
2				
3				
4				
5				

G. Skills and competencies

List any other skills (including training) relevant to the job for which you are applying:

S.N.	Skills and competencies suitable for this position	How do you demonstrate it?
1		
2		
3		
4		
5		

H. References

Please list two persons not related to you, who have knowledge of your work qualifications and can serve as a reference for you.

1	Name	
	Organization	
	Address	
	Designation	
	Contact No.	
	Email Address	
	Your relation to this person	
2	Name	
	Organization	
	Address	
	Designation	
	Contact No.	
	Email Address	
	Your relation to this Person	
3	Name	
	Organization	
	Address	
	Designation	
	Contact No.	
	Email Address	
	Your relation to this person	

I. **Applicant's Consent**

I certify that the information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that organization will make a thorough review of my entire work history, verify all data given in my application, related papers or oral interviews as well as conduct a criminal background check. I authorize such investigation and the giving and receiving of any information requested by organization. I release from liability any person giving or receiving such information. I understand that falsification of data given or other derogatory information discovered as a result of this investigation may prevent me being hired, or if hired, may subject me to immediate dismissal.

I further understand that this is an application for employment and that no employment contract is being created. I understand that if chosen for an interview I must provide a copy of my citizenship paper, academic certificate and other related documents.

I have read and understand the above information's.

Name:

Signature:

Date:

(Note: Download the form and rename the application form for e.g. **(First name & last name and the date)**. Once you have completed all the sections submit your **application, updated CV and a cover letter** at se-recruitment@nhssp.org.np and clearly mention the **position** that you are applying for in the **subject line** of the email. Remember to spell check your application & give it another check for inaccuracies before you send it to us. Applications received after the closing date will not be considered.)

Please use Adobe Acrobat to fill this form