

DATE:



JOB APPLICATION FORM

PHASE ONE (1) - JAF

 PASSPORT SIZE PHOTO
IN BLUE BACKGROUND

Please print/type in CAPITAL: The application must be fully completed for our consideration even if you have attached your CV/Resume.

PERSONAL INFORMATION

(First Name)		(Middle Name)		(Surname)	
NAME:					
ADDRESS:					
VISA TYPE:	☐ VIST	☐ BUSINE	☐ WORK	☐ NOC	OTHERS (please specify):
VISA STATUS/PERIOD:	AGE:		GENDER:		☐ M ☐ F
EMAIL ADDRESS:	DATE OF BIRTH (DD/MM/YYYY):				
MOBILE #:	NATIONALITY:				
PASSPORT #:	EXPIRY (DD/MM/YYYY):	WEIGHT:	(kgs)	HEIGHT:	(meters)
QATAR ID #	EXPIRY (DD/MM/YYYY):	MARITAL STATUS:	☐ SINGLE	☐ MARRIED	
HIGHEST EDUCATIONAL ATTAINMENT:	OTHERS (please specify):				
CURRENT LOCATION:	(City)	(Country)	LINKEDIN:		
SOCIAL NETWORK ACCOUNTS	FACEBOOK:		YOUTUBE:		
	INSTAGRAM:		OTHERS (please specify):		
	TWITTER:				

CAREER PROFILE

TOTAL YEARS OF EXPERIENCE:				YOU FOUND US THROUGH:	
TOTAL YEARS OF EXPERIENCE IN GCC:				JOB POS	AGENCY
FIELDS OF EXPERIENCE:	1	2	3	Agency Name:	
				WEBSITE	SOCIAL MEDIA
				OTHERS (please specify):	

BRIEF JOB DESCRIPTION OF YOUR POSITIONS MENTIONED IN THE FIELD OF EXPERIENCE:

CURRENT/PREVIOUS SALARY (IN QAR):

APPLYING FOR:

EXPECTED TOTAL SALARY (IN QAR):

COMMUNICATION SKILLS:					
ARABIC:	READ	☐	SPEAK	☐	WRITE
ENGLISH:	READ	☐	SPEAK	☐	WRITE
OTHERS (please specify):	READ	☐	SPEAK	☐	WRITE

DO YOU HAVE QATAR DRIVING LICENSE?

 YES ☐ NO ☐

IF YES? WHEN IS THE EXPIRY (DD/MM/YYYY):

DID YOU RECEIVE ANY WARNING LETTERS OR MEMOS IN YOUR PREVIOUS COMPANY?

 YES ☐

 NO ☐

IF YES, FOR WHAT SPECIFIC REASON/S?

NOTE: IF YOU HAVE ANY PREVIOUS EMPLOYMENT CERTIFICATES OR AWARDS, KINDLY ATTACH IN THIS JAF (JOB APPLICATION FORM) FOR OUR WORKING REFERENCE. KINDLY USE JPG AND PDF FORMAT ONLY FOR THE ATTACHMENTS

EMPLOYMENT HISTORY & REFERENCES (WITH CONTACT DETAILS)

COMPANY (1):	DESIGNATION:	
DATES EMPLOYED:	FROM:	TO:
REASON FOR LEAVING:	IF TERMINATED (please provide the reason):	DURATION:
	IF RESIGNED (please provide the reason):	

REFERENCE FROM COMPANY (1)

NAME: _____ MOBILE NUMBER: _____
DESIGNATION _____ EMAIL ADDRESS: _____

COMPANY (2): _____ DESIGNATION: _____

DATES EMPLOYED: FROM: _____ TO: _____ DURATION: _____
REASON FOR LEAVING: IF TERMINATED (please provide the reason): ☐
IF RESIGNED (please provide the reason): ☐

REFERENCE FROM COMPANY (2)

NAME: _____ MOBILE NUMBER: _____
DESIGNATION _____ EMAIL ADDRESS: _____

COMPANY (3): _____ DESIGNATION: _____

DATES EMPLOYED: FROM: _____ TO: _____ DURATION: _____
REASON FOR LEAVING: IF TERMINATED (please provide the reason): ☐
IF RESIGNED (please provide the reason): ☐

REFERENCE FROM COMPANY (3)

NAME: _____ MOBILE NUMBER: _____
DESIGNATION _____ EMAIL ADDRESS: _____

SIGNATURE DISCLAIMER AND INDEMNITY

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. I hereby fully indemnify, and don't have any objection for the company to share my details both online and offline to any third party as the company may deem necessary.

NAME: _____
DATE: _____

SIGNATURE: _____

Note: Please attach the following documents - CV/Resume, Passport copy, Visa copy, Employment Certificates copy (if available), Transcript of Records copy, Diploma copy, No Objection Certificates copy (if available), any supporting documents with regards to your application.

FOR INTERNAL USE ONLY (PHASE 1 - JAF)

To be filled up by HRAD DEPARTMENT ONLY

APPLICATION CHECKLIST

1. JAF (JOB APPLICATION FORM)

2. CURRICULUM VITAE (CV)

3. PASSPORT COPY

4. VISA COPY

5. EMPLOYMENT CERTIFICATES

6. TRANSCRIPT OF RECORDS

7. DIPLOMA

8. SAMPLES OF WORK

9. OTHERS (please specify)

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

HRAD DEPARTMENT

signature and date

☐ To proceed with Phase Two (2) VOR - Verification of References
☐ To return to candidate for completion of Phase One (1) JAF - Job Application Form
☐ Regret Letter

TYPE OF RECRUITMENT

LOCAL

INTERNATIONAL

APPLICATION FOR DEPARTMENT:

HRAD MANAGER - HOD OF HSE & QAQC

signature and date