Employment Application form

Thanks for showing interest and applying to Waymade. We believe in identifying the best talent and nurturing their further growth while ensuring a continuous effort to provide challenging and exciting avenues for its employees to bring out the best in them. As you stand at the critical juncture of making the desired change, we extend our warm support. All the best!! "We consider our employees as the most valued resources".

Please ensure that the details are filled accurately in and write NA where it is not applicable.

1. Personal Information:

Photograph

First Name :

Middle Name :

Last Name :

Passport Number :

Aadhar Number :

PAN Number :

Email id :

Gender : ☐Male ☐Female

Date of birth :

Nationality :

Religion :

Place of Birth :

Native Place :

Address for communication:

Address Line 1 :

Address Line 2 :

Address Line 3 :

City :

District :

State :

Zip code :

Contact Number :

Permanent Address

Address Line 1 :

Address Line 2 :

Address Line 3 :

City :

District :

State :

Zip code :

Contact Number :

- Is a Permanent address different from communication? ☐ Yes ☐ No

In case of emergency contact

Name:

Relationship:

Contact Number:

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2. Family details

Marital Status: ☐ Married ☐ Unmarried Date of Marriage:

Relation	Name	Age / DOB	Education	Profession
Spouse				
Father				
Mother				
Children				

3. Education Record

SSC Onwards

Degree	Specialization	Passing Year	Institute / University / Board	Grade / CGPA / %	Regular/ Parttime/ Distance

4. Major Certifications / Training Details

Program Name	Institute	Program Date	Grade / CGPA / %

- Do you have any professional membership? If yes, please specify the details:

- Please mention your Professional Award/s Special Achievement/s (If any):

5. Employment History

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Organization and Location	Working period		Designation	Annual CTC			Reason of Leaving
	Joining	Leaving	Joining	Leaving	Joining	Leaving	

- Is there any gap in your career: ☐ Yes ☐ No

Reason: _____

6. Organogram of the current organization

7. Salary Details:

SN	Particulars	Monthly (INR)	Annually (INR)
1.			
2.			
3.			
4.			

SN	Particulars	Monthly (INR)	Annually (INR)
5.			
6.			
7.			
8.			
9.			
10.			
Total CTC			
Expected CTC			

Last 3 years Appraisal details:			
Year	**Performance rating**	**Increment**	
		Amount (INR)	**%**

8. Health Details:

- Blood Group :
- Allergies (sensitive to) :
- Do you suffer from : ☐ Respiratory Disorder ☐ Heart Diesease ☐ Blood Pressure ☐ Diabetes ☐ Asthma ☐ Tuberculosis ☐ Colour Blindness ☐ Others - Specify (including accidental history)
- Is t Do you have any physical limitations? ☐ Yes ☐ No

If yes, please state in brief: _____

- Heights : _____
- Weigh : _____

9. General Details:

- Mention your 2 Strengths & Weaknesses:

Strengths: 1. _____ 2. _____

Weaknesses: 1. _____ 2. _____

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Languages Known (Please ' X ' appropriate column)	Read	Write	Speak
English	☐	☐	☐
Hindi	☐	☐	☐
Mother Tongue (Specify)	☐	☐	☐
Any Other.	☐	☐	☐

- Willing to work at any location? ☐ Yes ☐ No

If no, please specify the preferred location/s to work _____

- Do you have a contract/bond agreement with the present employer? ☐ Yes ☐ No

If yes, please specify the details: _____

If selected, within how much time can you join (Notice period)? _____

- Do you have any known person/relatives working with the Political body/Regulatory body/Judiciary body?

☐ Yes ☐ No

If yes, please specify the details: _____

- Have you ever been involved in any misconduct or disciplinary case or criminal case?

☐ Yes ☐ No

If yes, please specify the details: _____

- Have you ever been interviewed by any of the Waymade Group companies earlier?

☐ Yes ☐ No

If yes, please specify the details: _____

10. Professional references

SN	Name	Designation	Company	Contact Number
1.				
2.				
3.				

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11. Additional Information

Please provide any other information which is relevant to your application.

I hereby declare that all the details furnished above are true to the best of my knowledge and belief. I further declare that my appointment may be cancelled, at any stage, if I am found ineligible and/or the information provided by me is found to be incorrect.

_____ _____

Signature of Candidate Date and Place