



Employee Enrollment Form

(FILL IN BLOCK LETTERS)

Name: _____ Date: _____

Address: _____

Tel. number: _____ Date Available for Employment: _____

Email address _____

If hired, can you furnish proof that you are eligible to work in India? (Employment is contingent upon satisfactory proof of eligibility to work in India) Yes No

How long have you lived at your current address? _____

How did you hear about this position?

Have you worked in the disability field before? If so, please list.

Why would you like to work at proVISION ASIA?

What are your immediate and long term goals?

What languages do you speak/write? How fluent are you?

POSITION DESIRED: _____

Do you have any special skills, training, or experience which may help you qualify for this position?
If yes, please explain

What three responsibilities do you see as the most important for this position?

1. _____
2. _____
3. _____

Please list any salary requirements: _____

Have you ever applied here before? _____ If yes, when? _____

Do you have any relatives already employed here? _____

What personal strengths can you bring to this organization?

Weaknesses?

EDUCATIONAL BACKGROUND					
TYPE OF SCHOOL	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR	DEGREE OBTAINED	DATE OF COMPLETION
HIGH SCHOOL					
PRE-UNIVERSITY/ DIPLOMA					
UNDERGRADUATE					
POSTGRADUATE					
VOCATIONAL/ OTHERS					

PAST EMPLOYMENT	DESIGNATION	DATES (FROM/TO)	POSITIONS HELD	REASONS FOR LEAVING

ARE YOU CURRENTLY UNDERTAKING STUDY/TRAINING: _____?

COURSE / PROGRAM NAME: _____

FULL TIME PART TIME DISTANCE OTHER

PLEASE PROVIDE DETAILS OF TWO PEOPLE WHO CAN SPEAK ON YOUR BEHALF REGARDING YOUR WORK HISTORY

REFERENCES:	NAME	CONTACT NUMBER	POSITION HELD

DO YOU AGREE TO HAVE REFEREES CONTACTED IN RELATION TO THIS APPLICATION? (TICK ONE)

YES NO

(REFERENCE CHECKS WILL BE CONDUCTED LEGALLY IN AN ETHICAL MANNER AND ALL INFORMATION DERIVED WILL REMAIN CONFIDENTIAL.)

WHAT TYPE OF WORK ARE YOU AVAILABLE FOR? (TICK ONE)

FULL TIME PART-TIME CASUAL

OTHER QUESTIONS

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment? YES NO

If yes, give a short explanation of the complaint. Please indicate the date, nature and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint. (An affirmative answer does not automatically eliminate you from consideration.)

Have you ever been charged, arrested, or convicted of a felony or misdemeanor? YES NO

If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number. (An affirmative answer does not automatically eliminate you from consideration.)

Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment by you? YES NO

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time. (An affirmative answer does not automatically eliminate you from consideration.)

Have you ever been accused, disciplined or terminated from employment (either through dismissal or resignation) for reasons related to an allegation of theft or mishandling of money or company property? YES NO

If yes, was a police report filed? YES NO Please indicate the date, nature and place of the allegations, the disposition of the allegations, and your employer at the time. (An affirmative answer does not automatically eliminate you from consideration.)

WHATEVER I HAVE STATED ABOVE IS TRUE TO MY KNOWLEDGE AND UNDERSTANDING. I ALSO STATE THE PERSONAL INFORMATION GIVEN HEREWITH CAN BE USED BY THIS ORGANIZATION TO BENEFIT ME AND OTHERS WHO ARE IN NEED OF THIS INFORMATION.

WITH THIS I AFFIX MY SIGNATURE AND AM DOING THIS WITH MY OWN WILL AND KNOWLEDGE.

NAME: _____

SIGNATURE: _____

DATE: _____