|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attach Your Photo** | | **Sesame Workshop Bangladesh**  **Employment Application Form**  (Please fill up the form and submit together with your Resume. All information will be treated with confidentiality) | | | | | | | | | | | | | |
| **Position Applied for:** | | | |  | | | | | | | | | | | |
| **Expected Salary per month:** | | | |  | | | | | | | | | | | |
| **Required Notice Period:** | | | | Choose an item. | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| Applicant’s Full Name: | | | | | | | | | | | | | | | |
| Mother’s Name: | | | | | | | Father’s Name: | | | | | | | | |
| Date of Birth: | | | | | | | National ID/or Passport No: | | | | | | | | |
| Present Address: | | | | | | | | | | | | | | | |
| Permanent Address: | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | Driving License (if any): | | | | | | | | |
| Contact number: | Cell no 1: | | | | | | | | Skype ID: | | | | | | |
| Cell no 2: | | | | | | | |
| **PRESENT EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | |
| **Current or Most recent job 1:** | | | | | | | | | | | | | | | |
| Organization Name and Address: | | | | | | | | | | | | | | | |
| Job Title: | | | Current monthly gross salary with other benefits: | | | | | | | | | | | | |
| **Duration in employment:**  From: Click or tap to enter a date. To: Click or tap to enter a date. | | | | | | | | | | | | | | | |
| **Major Responsibilities:** | | | | | | | | | | | | | | | |
| **Reason for Leaving:** | | | | | | | | | | | | | | | |
| **Most recent job 2:** | | | | | | | | | | | | | | | |
| Organization Name and Address: | | | | | | | | | | | | | | | |
| Job Title: | | | Last monthly gross salary with benefits: | | | | | | | | | | | | |
| **Duration in employment:**  From: Click or tap to enter a date. To: Click or tap to enter a date. | | | | | | | | | | | | | | | |
| **Major Responsibilities:** | | | | | | | | | | | | | | | |
| **Reason for Leaving:** | | | | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT DETAILS (IF APPLICABLE)** | | | | | | | | | | | | | | | |
| Position | | | Organization Address | | | | | | | | | Duration | | | |
|  | | |  | | | | | | | | | **From:**  Click or tap to enter a date.  **To:** Click or tap to enter a date. | | | |
|  | | |  | | | | | | | | | **From:**  Click or tap to enter a date.  **To:** Click or tap to enter a date. | | | |
|  | | |  | | | | | | | | | **From:**  Click or tap to enter a date.  **To:** Click or tap to enter a date. | | | |
| **EDUCATIONAL QUALIFICATIONS**  **(Start with the highest qualification including formal and non-formal academic programs)** | | | | | | | | | | | | | | | |
| Qualification | | Grade /GPA/Score | | | Passing Year | | | Institution | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
|  | |  | | |  | | |  | | | | | | | |
| **SKILLS, CONTINUING PROFESSIONAL DEVELOPMENT AND TRAINING**  **(Kindly use additional rows if needed)** | | | | | | | | | | | | | | | |
| Training/Workshop/Seminar | | | | | | Institution | | | | | | | Inclusive Dates | | |
|  | | | | | |  | | | | | | |  | | |
|  | | | | | |  | | | | | | |  | | |
|  | | | | | |  | | | | | | |  | | |
|  | | | | | |  | | | | | | |  | | |
|  | | | | | |  | | | | | | |  | | |
| **REFERENCES**  **(Before we reach your references, we will contact you for your consent)** | | | | | | | | | | | | | | | |
| **Reference 1** | | | | | | | **Reference 2** | | | | | | | | |
| Name: | | | | | | | Name: | | | | | | | | |
| Job Title: | | | | | | | Job Title: | | | | | | | | |
| Organization: | | | | | | | Organization: | | | | | | | | |
| Mailing Address: | | | | | | | Mailing Address: | | | | | | | | |
| Contact Number: | | | | | | | Contact Number: | | | | | | | | |
| E-mail address: | | | | | | | E-mail address: | | | | | | | | |
| Relation with Applicant: Choose an item. | | | | | | | Relation with Applicant: Choose an item. | | | | | | | | |
| **OTHER PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| Have you ever terminated from your employment? If yes, please explain the reason. | | | | | | | | | | | **Yes** | | | | **No** |
|  | | | |  |
| Do you have any relative working in SWB? If yes mention name, job title, relationship, and place of work. | | | | | | | | | | **Yes** | | | | | **No** |
|  | | | | |  |
| **CRIMINAL RECORD** | | | | | | | | | | | | | | | |
| Have you got any criminal convictions? If yes, please specify. | | | | | | | | | | **Yes** | | | | **No** | |
|  | | | |  | |
| **DECLARATION** | | | | | | | | | | | | | | | |
| I confirm that the information provided above, and in any attachment, are correct and I understand that any false statement or information could result in my application or appointment being terminated.  **Signature: Date:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |