

Post Applied for:

## BENAZIR INCOME SUPPORT PROGRAMME JOB APPLICATION FORM

Applications Closing Date:

Date of Submission:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. Applications received after the closing date will not be considered. Only shortlisted candidates will be called for test/interview or both.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

### Section 1 Personal details

Last Name:

First Name:

Father's  
Name:

Address:

  
  


Postcode:

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	

Domicile:

Home Telephone N<sup>o</sup>:CNIC N<sup>o</sup>:

Numbers											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						-					

Daytime Telephone N<sup>o</sup>:Mobile Telephone N<sup>o</sup>:

E-mail address:

Can we contact you at work?

Yes

No

If you are successful you will be required to provide relevant evidence of your qualifications prior to your appointment.



## Section 2 Present Employment

**Present Employment** (If now unemployed give details of last employer)

**Name of Employer:**

**Address:**

**Name of Supervisor:**  **Telephone N<sup>o</sup>:**

**Post Title:**

**Date of Appointment:**  **Salary:**

**Department / Section:**

**Brief description of duties:**

Continue on a separate sheet if necessary

**Period of Notice:**  **Last day of service**   
(if no longer employed):

**Reason for leaving**  
(if no longer employed):

**Are you receiving any retirement benefit?**

**Yes**

**No**

## Section 3 Previous Employment

**Previous Employment** (most recent employer first). Please state nature of business - if not public sector

Name of Employer:

Address:

Telephone N<sup>o</sup>:

Position Held:

From:

Day

Month

Year

To:

Day

Month

Year

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Telephone N<sup>o</sup>:

Position Held:

From:

Day

Month

Year

To:

Day

Month

Year

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Telephone N<sup>o</sup>:

Position Held:

From:

Day

Month

Year

To:

Day

Month

Year

Summary of duties:

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Reason for leaving:

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Continue on a separate sheet if necessary

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Subjects/Courses	Qualifications	Grades obtained	Date
School	Subjects	Qualifications	Grades obtained	Date

Continue on a separate sheet if necessary

## Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Name of Institute	Date (D/M/Y)


**Membership of any Professional / Technical Associations- Please state level of Membership:**

Continue on a separate sheet if necessary

## Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

## Section 6 Personal Statement

**Abilities, skills, knowledge and experience.**

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

## Section 7 Dismissal/Convictions

Have you been ever dismissed from service?

Yes  No

Do you have any convictions that are unspent under the law?

Yes  No

If yes, please give details / dates of offence(s) and sentence:

## Section 8 Disability Declaration

Consideration of application of any person with disability will not be rejected on grounds of disability.

Do you have a disability which is relevant to your application?

Yes  No

If yes, please give details:

Do we need to make any specific arrangements in order for you to attend the interview?

Yes  No

If yes, please give details:

## Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

### Reference 1

Name:

Position (job title):

Work Relationship:

### Reference 2

Name:

Position (job title):

Work Relationship:

**Organisation:**

**Address:**

Postcode	<input type="text"/>

**Telephone N°:**

**E-mail:**

**Organisation:**

**Address:**

Postcode	<input type="text"/>

**Telephone N°:**

**E-mail:**

Are you willing for this referee to be approached prior to the interview/selection? **Yes**  **No**

Are you willing for this referee to be approached prior to the interview/selection? **Yes**  **No**

## Section 10 Recruitment Monitoring

**Gender**

Male  Female

**Present Status**

Internal Applicant  External Applicant

## Section 11 Declaration

**A. Relatives/Other Interests**

Any candidate who directly or indirectly canvasses an employee of the BISP will be disqualified from consideration for the job. BISP does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an employee(s) of Benazir Income Support Programme? **Yes**  **No**

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the BISP in the role for which you have applied? **Yes**  **No**

If yes, please detail on a separate sheet. **(See Guidance Notes)**

**B. Statement to be Signed by the Applicant**

BISP is committed to an anti-fraud/anti-corruption culture and participates in statutory anti-fraud/anti-corruption initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.



I acknowledge that the BISP is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for any purposes related to employment in BISP.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified. Unfortunately applicants who do not hear from Benazir Income Support Programme must conclude that their application has been unsuccessful on this occasion).

Benazir Income Support Programme undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the recruitment requirements of BISP.

If you are returning this form by email, you will be asked to sign your application at interview.

## RETURNING THIS FORM

**By Hand or Post:**

Benazir Income Support Programme  
F-Block Pak Secretariat  
Islamabad

**Enquiries:**

Telephone: 051 – 92464325

## FOR OFFICE USE ONLY

Application Received on (Date):

Reference N<sup>o</sup>:

Shortlisted

Yes

No

If no, specify reasons:

Name:

Date:

Signature: