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 **Avicenna Pharmaceutical Company**

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| **Application Form****Form Number: (HR-Form/SOPR: 001/02 /01)** | Issue Date: June 22, 2011 |
| Revision Number: 02 |
| Revision Date: April 21, 2023 |
| **Name: Last Name:****Father's Name: Father's Occupation:****ID No: Place of Birth: Date of Birth:****Marital Status: Status and Date of Military Service:****Residence address:** **Phone: Housing:** 🞏 **Owner** 🞏 **Tenant**  | Applicant's Information |
| **Name: Last Name: Place of Birth:** **Date of Marriage: Number of Children: Occupation:****Address and Telephone No. of Present Workplace:** | Spouse's Information |
| Description | End Date | Location | Institution | Average | Field | **Type of Certificate** | Educational Status |
|  |  |  |  |  |  | **Diploma** |
|  |  |  |  |  |  | **Technical Degree** |
|  |  |  |  |  |  | **Bachelor's degree** |
|  |  |  |  |  |  | **Master's degree** |
|  |  |  |  |  |  | **Doctorate** |
| Please write your jobs from the last job and in chronological order. | Experience Records |
| Description | Last salary | Up to date | From date | Position | **Company or****Organization Name** |
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|  |  |  |  |  |  |
| Description | To | From | Certificate | **Institution** | Language and Computer Skills |
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**Avicenna Pharmaceutical Company**

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| **How did you come to know about our company** 🞏 Advertising 🞏 Friends/Relatives**Are any of your relatives currently working in Avicenna?** 🞏 Yes 🞏 NoIf yes, Company Name: Dep. Name: Employee profile: | Guarantors |
| Please introduce three of your second degree relatives or acquaintances. |
| Address | Tel. No. | Occupation | Relation | First and Last Name |
|  |  |  |  |  |
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| Please declare your requested salary per month (refrain from stating “according to agreement”: | Salary |
| I ................................................................ confirm the accuracy of the above information Signature………….…………………………….. Date…………………………………….. |
| Human Resources Evaluation:Signature………….…………………………….. Date…………………………………….. |
| Relevant Experience | Motivation and Interest | Physical Evaluation  | Character Evaluation |
| Departments Manager Evaluation: Signature………….…………………………….. Date…………………………………….. |
| Senior Management Evaluation:Signature………….…………………………….. Date…………………………………….. |
| End Date of Trial Period: | Start Dat of Trial Period: |