**ROP JOB APPLICATION FORM**

Paste your current appearance photograph here!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Application for (position)** |  | **Department (if mentioned)** |  | **Vacancy Number** |  |
| **Personal History** |
| **Full Name**  |  | **Father Name**  |  | **Sex** |  |
| **Date and Place of Birth Information** |
| **Date** | **Province** | **District** | **Village** |
| **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |  |  |  |
| **Present Address** |
| **Province** | **District** | **Village** | **Contact number** | **Email address** |
|  |  |  |  |  |
| **Permanent Address** |
| **Province** | **District** | **Village** | **Contact number** | **Email address** |
|  |  |  |  |  |
|  |
| **Education History (recent first; also, please avoid mentioning incomplete qualification)** |
| **School/University** | **From Year** | **To Year** | **Completed Qualification Description****(as MSc, MA, MD, BSc, BA, BBA, High School etc)** | **Specialization****(Target field)** |
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| **Any professional skills training, workshops, courses attended (recent first; completed courses only)** |
| **Institute/Organization** | **From Year** | **To Year** | **Subject/Topic** | **Location** |
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| **Computer skills (provide details below)** |
|  |
| **Working Experience (start from recent one)** |
| **Position** | **Organization** | **Location** | **Period** | **Direct Line Supervisor (Name and Position)** |
| **From** | **To** |
|  |  |  |  |  |  |
| **Main Responsibilities/ Duties** | **Major Achievements** |
|  |  |
| **Reasons for Leaving** |  |
| **Position** | **Organization** | **Location** | **Period** | **Direct Line Supervisor (Name and Position)** |
| **From** | **To** |
|  |  |  |  |  |  |
| **Main Responsibilities/ Duties** | **Major Achievements** |
|  |  |
| **Reasons for Leaving** |  |
| **Position** | **Organization** | **Location** | **Period** | **Direct Line Supervisor (Name and Position)** |
| **From** | **To** |
|  |  |  |  |  |  |
| **Main Responsibilities/ Duties** | **Major Achievements** |
|  |  |
| **Reasons for Leaving** |  |
| **Position** | **Organization** | **Location** | **Period** | **Direct Line Supervisor (Name and Position)** |
| **From** | **To** |
|  |  |  |  |  |  |
| **Main Responsibilities/ Duties** | **Major Achievements** |
|  |  |
| **Reasons for Leaving** |  |
| **Position** | **Organization** | **Location** | **Period** | **Direct Line Supervisor (Name and Position)** |
| **From** | **To** |
|  |  |  |  |  |  |
| **Main Responsibilities/ Duties** | **Major Achievements** |
|  |  |
| **Reasons for Leaving** |  |
| **Language Proficiency** |
| **Language** | **Understand** | **Speak** | **Read** | **Write** |
|  | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** |
|  | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** | **○ Fluent****○ Fair****○ Not Easily** |
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| **Statements** |
| **Do you have any relative currently working with ROP?** | **Yes****No** |  | **If yes, please write his/her Name and Designation=>** |  |
|  |
| **Before this, have you ever applied for any position with ROP?** | **Yes****No** |  | **If yes, please write the position and date=>** |  |
|  |
| **Provide three references by filling out the following table, who are well familiar with your character, qualifications, personal traits and capabilities at work, whom we may contact as and whenever so required (keep in mind they should not be your blood relatives):** |
| **Name** | **Organization** | **Position** | **Contact No** | **Email** |
|  |  |  |  |  |
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| **Please write your statement of interest here!**  |
| **I do hereby certify that the information provided here on this form are true, complete and correct to the best of my knowledge. I also understand that any misrepresentation or false information provided on this application form or any other document(s) submitted to ROP renders me to immediate dismissal.****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |