



EMPLOYMENT APPLICATION

This questionnaire must be completed by all applicants for employment. **Failure to provide complete and accurate information may disqualify an applicant from further consideration or delay the presentation of an offer of employment.**

PERSONAL

Last Name _____ First Name _____ M.I. _____ PAN # _____ Aadhar # _____

Present Address _____ Street _____ City _____ State _____ Pin Code _____

Permanent Address _____ Street _____ City _____ State _____ Pin Code _____
(If different)

Position Desired _____ Home Phone _____ Cell Phone _____ E-mail address _____

JOB INTEREST

Vatsal Healthcare Solutions Pvt. Ltd, New Vadaj, Ahmedabad, GJ

Position Title Applied For _____ City _____ State _____

Are you available to work Full-Time Part-Time Internship # Hrs/Wk? __

Are you currently employed? _____ Yes _____ No _____ Date available to start work _____
If so, what is the employer's name and location? _____

How were you referred to our company? Employee _____ Agency _____ Advertisement _____
 Internet _____ Other _____

Do you have any relatives employed by our company? _____ Yes _____ No _____
If yes, please list name and address _____

Have you ever interviewed at Vatsal Healthcare? _____ Yes _____ No _____
If yes, give location and date _____

Have you ever been employed by Vatsal Healthcare? _____ Yes _____ No _____
If yes, dates of employment: _____

Manager _____ Department/Branch _____



EMPLOYMENT APPLICATION

PLEASE BE ADVISED: BEFORE AN OFFER CAN BE EXTENDED, ALL THE INFORMATION LISTED BELOW WILL BE CHECKED AND VERIFIED FOR ACCURACY.

Education

List your educational background, beginning with High School. Please include technical school and military training, etc.

Name and location of College and University	Major/Degree	Month/Year	Percentage	Graduate
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any vocational or business-related courses, college projects, and training.



EMPLOYMENT APPLICATION

Employment (Including Internships)

Please complete the next section in full, **even if you have a resume**. List all employment and activities, including self-employment, for the past 10 years. Use additional paper if necessary.

May we contact your present employer? Yes No Yes, upon presentation of written offer.

Employment In Chronological Order		
Employer	Name/Title of supervisor	From: month/year
Address	City State Phone #	To: month/year
Your position, title and description of duty		Base Pay
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide contact information Phone # _____ Email _____		Reason for leaving
Employer	Name/Title of supervisor	From: month/year
Address	City State Phone #	To: month/year
Your position, title and description of duty		Base Pay
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide contact information Phone # _____ Email _____		Reason for leaving
Employer	Name/Title of supervisor	From: month/year
Address	City State Phone #	To: month/year
Your position, title and description of duty		Base Pay
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide contact information Phone # _____ Email _____		Reason for leaving
Employer	Name/Title of supervisor	From: month/year
Address	City State Phone #	To: month/year
Your position, title and description of duty		Base Pay
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide contact information Phone # _____ Email _____		Reason for leaving



EMPLOYMENT APPLICATION

Employment In Chronological Order	
Your position, title and description of duty	Base Pay
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide contact information Phone # _____ Email _____	Reason for leaving

Reference

Please list persons whom we may contact who know your employment qualifications, such as present or former supervisors/managers, former teachers or professors, or associates now with our organization. **Do not list relatives.**

Name	Company	Phone #	Email Address	Title

Pre-Employment Statement

I understand that Vatsal Healthcare may investigate all statements contained in this application, and I authorize VATSAL HEALTHCARE SOLUTIONS PVT. LTD. and/or its representatives to verify all records pertaining to my background. I also agree to release VATSAL HEALTHCARE SOLUTIONS PVT. LTD. and its representatives from any liability arising from such investigation, and I understand that any false statements on this application are grounds for dismissal or the withdrawal of any offer of employment.

I understand that any offer of employment made to me by VATSAL HEALTHCARE SOLUTIONS PVT. LTD. whether accepted or not, is contingent upon investigation of this application, including the results of a reference and/or background check. I agree to this procedure. VATSAL HEALTHCARE SOLUTIONS PVT. LTD. may contact my previous and current employers for references with consideration to my preferences as indicated above. I understand that this application for employment will remain active for a period of 90 days following the date of submission.

The Ahmedabad office location is near Akhbarnagar circle in Ahmedabad. You need to live closer (within 5 km radius of the office). If not feasible for any reason, you must be able to reliably commute to the office on a working day.

I understand that my application for employment (including, but not limited, to this application form, the granting of any interview, or the fact or content of any interview) is not intended to- and shall not be construed to-create between VATSAL HEALTHCARE SOLUTIONS PVT. LTD. and me a contract of employment or for the provision of benefits.

I certify the statements made here are complete and accurate to the best of my knowledge. (A photocopy or fax of this authorization shall be considered as effective and valid as the original.)

Have you ever been discharged or forced/permitted to resign from a job? Yes No
If yes, please explain _____

Name _____ PAN# _____

AADHAR # _____

Signature _____

Date _____