



EMPLOYMENT APPLICATION

CARE MANAGEMENT INTERNATIONAL PRIVATE LIMITED

CARE MANAGEMENT INTERNATIONAL PRIVATE LIMITED IS AN EQUAL OPPORTUNITY EMPLOYER

Please answer ALL questions. Use back or attach additional pages if more space is necessary.
Return to Human Resources at address noted above.

PERSONAL

_____ Date

_____ Last Name _____ First Name _____ Middle Name

_____ Address _____ City _____ State _____ Zip/PIN

_____ Home Telephone _____ Cell or Other Telephone _____ Email Address

DO YOU HAVE THE LEGAL RIGHT TO WORK IN INDIA.? NO YES

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? NO YES IF YES, PLEASE EXPLAIN (a conviction will not necessarily disqualify applicant)

POSITION

Position(s) Desired: _____ Compensation Requirements: _____

PROFESSIONAL REFERENCES

List former supervisors and/or associates who are acquainted with your professional qualifications

| Name | Organization | Title | Address | Telephone | Relationship |
|------|--------------|-------|---------|-----------|--------------|
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EDUCATION

| Circle highest grade completed in each category | School | Location | Major(s) | Diploma/ Degree | %age / Grade Point Average | Year Graduated |
|---|--------|----------|----------|-----------------|----------------------------|----------------|
| High School 10+ | | | | | | |
| Secondary School 10+2 | | | | | | |
| Graduation | | | | | | |
| Post Graduation | | | | | | |
| Other | | | | | | |

PREVIOUS EMPLOYMENT
(Provide copy of detailed resume)

List all jobs, including military service, self-employment and periods of unemployment. Begin with the most recent.

| Employer | Address | Job Title | Supervisor Name | Date Of Joining | Date Of Leaving | Last Salary Drawn | Reason for Leaving |
|----------|---------|-----------|-----------------|-----------------|-----------------|-------------------|--------------------|
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ORGANIZATIONS

With which professional organizations are you affiliated?

LICENSURES/CERTIFICATIONS

Describe any licensures/certifications or provide other information that will assist us in evaluating your qualifications. (Please provide effective dates for licensures)

CERTIFICATION

I hereby certify that the entries are true, correct and complete. I authorize my former employers and other individuals to give any information concerning me, and I hereby release them and their organizations from any liability whatsoever. I UNDERSTAND THAT IN THE EVENT I AM HIRED, I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE.

I further understand that in the event I am hired, I will be an at-will employee and my employment and compensation can be terminated without cause or notice at any time at the option of Care Management International, Inc. I understand that no person other than the President of Care Management International, Inc. has any authority to make any agreement contrary to the foregoing, and then only if such agreement is in writing signed by the President.

I further understand in the event I am hired, I represent that I am free to undertake employment with Care Management International, Inc. without breach of any other agreement (whether written or oral) or duty to any other party.

Signature of Applicant

Date

Place