

APPLICATION FORM FOR THE POST OF MANAGING DIRECTOR OF PUBLIC SECTOR COMPANY

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED AS CONFIDENTIAL

Applied for City:

Gujranwala,
Multan,
Faisalabad,
Rawalpindi

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Section 1 Personal details

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|---|-------------|-------------------|--|--------------|--|--|-------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| Title: | | Full Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Postcode: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Telephone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Telephone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNIC #: | | | | | | | | | - | | | | | | | | | | | | | | | | | | - | | | |
| Passport # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Date | | | Month | | | Year | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality (ies) | I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | III) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state current Salary Package including benefits & holidays: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Note: You are required to provide evidence of the above details at your interview.

Section 4 Education & Professional Qualification

Please list chronologically, start with the most recent one.

| Date From | Date To | Name of Institution(s) | Title of Degree/ Qualification Attained | Country |
|-----------|---------|------------------------|--|---------|
| | | | | |
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Section 5 Certifications and affiliations

Please list chronologically, start with the most recent one.

| Certification/Affiliation Title | Name of Certifying/Professional Body | Date of Issuance of Certification (D/M/Y) | Expiration of Certification (D/M/Y) | Certification Number (if applicable) |
|------------------------------------|---|---|---|--|
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Section 6 Employment Record

Please list chronologically, starting with current or last employer

| Date From: | Date To: | Name and Address of Employer | Job Title and summary of Responsibilities: | Salary and Reason for Leaving | Country (ies) |
|------------|----------|---------------------------------|--|-------------------------------------|------------------|
| | | | | | |
| | | | | | |

| Date From: | Date To: | Name and Address of Employer | Job Title and summary of Responsibilities: | Salary and Reason for Leaving | Country (ies) |
|-------------------|-----------------|-------------------------------------|---|--------------------------------------|----------------------|
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Section 7 Skills

Please enlist five (5) Technical and five (05) Management Skills

| Sr. No. | Management Skills | Technical Skills (Job specific) |
|----------------|--------------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Section 8 Job Fitness and propriety

Please explain your fitness and propriety for the job in line with the fit and proper criteria given in the advertisement (not more than 500 words)

Section 9 Applicant's Strategic Vision

Express your vision for improving the service delivery performance and financial position of the Waste Management Company as potential Managing Director (For the City at Priority 1) up to maximum 500 words

Section 10 References

Please give the name and address of your most recent employer (if applicable) and one other professional referee.

| Reference 1 | | Reference 2 | | | |
|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|--------------------------|
| Name: | <input type="text"/> | Name: | <input type="text"/> | | |
| Their Position (job title): | <input type="text"/> | Their Position (job title): | <input type="text"/> | | |
| Work Relationship: | <input type="text"/> | Work Relationship: | <input type="text"/> | | |
| Organisation: | <input type="text"/> | | Organisation: | <input type="text"/> | |
| Dates Employed: | From: <input type="text"/> | To: <input type="text"/> | Dates Employed: | From: <input type="text"/> | To: <input type="text"/> |
| Address: | <input type="text"/> | | Address: | <input type="text"/> | |
| | <input type="text"/> | | | <input type="text"/> | |
| | <input type="text"/> | | | <input type="text"/> | |
| | <input type="text"/> | | | <input type="text"/> | |
| Postcode | <input type="text"/> | | Postcode | <input type="text"/> | |
| Telephone N ^o : | <input type="text"/> | | Telephone N ^o : | <input type="text"/> | |
| E-mail: | <input type="text"/> | | E-mail: | <input type="text"/> | |

Section 11 Declaration

I confirm that the information provided in this application is both truthful and accurate to my knowledge. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

| | | | |
|---------------------------------------|----------------------|--------------|----------------------|
| Signed (type name if emailing) | <input type="text"/> | Date: | <input type="text"/> |
|---------------------------------------|----------------------|--------------|----------------------|

**DECLARATION TO ACCOMPANY THE APPLICATION FORM FOR THE POST OF
MANAGING DIRECTOR**

I son of holder of CNIC No. hereby declare that I am not ineligible to act as a Chief Executive in terms of the Fit and Proper Criteria issued by the Securities and Exchange Commission of Pakistan vide the Public Sector Companies (Appointment of Chief Executive) Guidelines, 2015 as required in terms of the Public Sector Companies (Corporate Governance) Rules 2013, or any other relevant provisions of the Companies Ordinance, 1984; and

I further declare that I am not suffering from any present or perceived conflict of interests, which would interfere with the exercise of independent judgment when acting in the capacity of chief executive of the company, and would be disadvantageous to the interests of the public sector company.

Signature:
Full Name (in Block Letters),
Designation, NIC Number, and
Full Address

Date:
Place:

**Attested by Oath
Commissioner**

Witness to the signature: Signature:
Full Name,
Father's/ Husband's Name (in Block Letters)
NIC Number,
Occupation
Full Address

Note: To be made on stamp paper of requisite amount duly verified by Oath Commissioner