

# CANDIDATE SCREENING SHEET

|  |  |  |
| --- | --- | --- |
| (to be filled by the candidate) | Date | Click here to enter a date. |

## **Candidate Details**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Date of Birth** |  | **Gender** | [ ]  Male [ ]  Female |
| **Marital Status** |  | **No. of children/age** |  |
| **Passport No.** |  | **Valid Upto** |  |
| **Office Phone** |  | **Mobile** |  |
| **Residential Phone** |  | **Email** |  |

## **Source**

(Select any one source from the box) Choose an item.

## **Educational Qualification**

|  |
| --- |
| *[in reverse chronological order till class 12th/HSC]* |
| **Degree/Diploma** | **Year of passing** | **University/Institute** | **Grade/%** |
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## **Employment History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name** | **Location** | **Period** | **Total Years** | **Designation** | **Key Software Platforms Used** |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |
|  |  | MM/YYYYtoMM/YYYY |  |  |  |

## **Total Experience**

[Years, Months]

## **Relevant Experience**

[Years, Months]

## **Skill Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Software Platforms** | **Rating on a scale of** **1 – 10** | **Version** | **Experience in months** | **Last Used (MM/YYYY)** |
|  |  |   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Hardware Platformsused for > 6 months | **Rating on a scale of 1 – 10** | **Version** | **Experience in months** | **Last Used (MM/YYYY)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Operating Systemsused for > 6 months | **Rating on a scale of 1 – 10** | **Version** | **Experience in months** | **Last Used (MM/YYYY)** |
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|  |  |  |  |  |

## **Details of Current Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name** | **Technical Environment** | **Expected to end by** | **Team Size** | **Your Role/Level** |
|  |  | MM/YYYY |  |  |

##  **Organisation Chart**

*[Organisation chart pertaining to your project giving details of the hierarchy. Clearly highlight your position by illustrating at least one level above and one level below]*

|  |  |
| --- | --- |
| Name of your group/division/department |  |
| Total number of employees in your group/division/department |  |
| Number of employees at your work location |  |

## **Location Preferences**

|  |  |
| --- | --- |
| **Location** | **Priority** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

## **Current Salary**

|  |  |
| --- | --- |
| Basic | Rs. 00.00 |
| HRA | Rs. 00.00 |
| Allowances (give details) | Rs. 00.00 |
| Monthly Reimbursement | Rs. 00.00 |
| **Total Monthly Salary** | Rs. 00.00 |
| **Total Gross Salary per annum** | Rs. 00.00 |
|  |  |
| **Expected Salary** | Rs. 00.00 |
| **Availability/ Notice Period** |  |

## **Family Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name** | **Occupation/Name of the Organisation** | **Age****(years)** | **Dependent** | **Location** |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |

## **Health History**

|  |  |
| --- | --- |
| Do you have any health problems which may affect your work? | Choose an item. |
| If you have selected **Yes**, give details |
|  |

## **Mailing Addresses**

|  |  |
| --- | --- |
| **Current Address** | **Permanent Address** |
|  |  |
| Phone No |  | Phone No |  |
| Cell No. |  | Cell No. |  |
| Email |  | Email |  |

## **References**

|  |
| --- |
| *[please give reference of atleast two persons preferably who have worked/ are working with you]* |
| **Reference Person Name** | **Skill Set** | **Years of Experience** | **Company Name** | **Contact No** | **Email** |
|  |  | MM/YYYY |  |  |  |
|  |  | MM/YYYY |  |  |  |
| *I hereby certify that the above information is true and complete to the best of my knowledge.* |
| Signature |  |

# FOR OFFICE USE ONLY

## **Candidate Evaluation**

|  |  |
| --- | --- |
| Knowledge of specific job skills | Choose an item. |
| Related job experience | Choose an item. |
| Related education or training | Choose an item. |
| Initiative | Choose an item. |
| Communication/listening skills | Choose an item. |
| Attitude | Choose an item. |
| Salary Agreed |  |
| **Interviewed by** |  | **Date** | Click here to enter a date. |
| **Signature** |  |

## **Strengths**

[Strengths]

##  **Weaknesses**

[Weaknesses]

## **Additional comments**

[Additional comment]