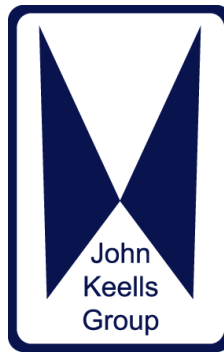
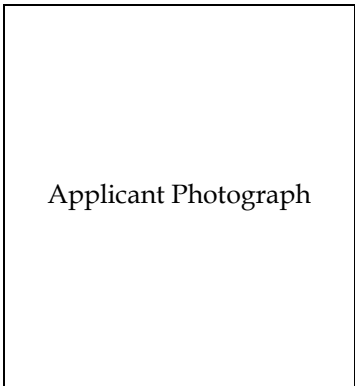


EXECUTIVE EXPERIENCE
SUMMARY FORM



JOHN KEELLS HOLDINGS PLC

John Keells Group-More than just a workplace



Position Applied for Salary Expected per month

PERSONAL DETAILS

Name:

Mr./Mrs./Miss

_____ (Last name)

_____ (Middle Name)

_____ (First Name)

Address:

	Present	Permanent
Residential No:		
Street:		
Postal Code / City:		
District:		
Country:		

Contact:

	Home	Office
Telephone:		
Email:		
Mobile:		

ID Card No:		Passport No:	
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Gender		Birth Date:	dd	mm	yyyy

Marital Status:	
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Citizenship:	
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FAMILY DETAILS

Father's Name	
Living (Y/N)	
Occupation/Organization of Employment	
Mother's Name	
Living (Y/N)	
Occupation/Organization of Employment	
Spouse's Name	
Occupation/Organization of Employment	

ARE ANY OF YOUR IMMEDIATE FAMILY MEMBERS WORKING IN JOHN KEELLS? IF YES, PLEASE GIVE DETAILS

1.	
Family Member's Name	
Relationship with you	
John Keells Company Name	
Designation	
2.	
Family Member's Name	
Relationship with you	
John Keells Company Name	
Designation	
Family Member's Name	

EDUCATIONAL & PROFESSIONAL QUALIFICATIONS (The Originals should be brought along at the time of the Interview)

EDUCATIONAL & PROFESSIONAL QUALIFICATIONS

Other Ongoing Educational Information

Achievement:

Certificate / Diploma / Advanced Diploma / Pg. Diploma / Degree / Masters / PhD etc...

Discipline:

Science / IT - MIS/B.Admin / Arts / Sociology / Economy / Finance etc...

University / Institute	Course name & Qualification sought	Discipline	Start Date	Expected Completion

Membership of Professional Bodies

Membership Rank:

Student / Past Finalist / Associate / Fellow / Member etc ...

Institute	Membership rank	Membership Obtained Year

LANGUAGE PROFICIENCY

Written & Spoken	Written Only	Spoken Only

WORK EXPERIENCE

Note : Please fill the details in Chronological Order starting from the present job and working backwards. State part-time/temporary work & vocational training

1:

Name of the Employer:			
Duration of Employment	From:		Designation / Job Title:
	To:		
Salary & Benefits	Salary		Basic
	Start:		Gross
	Last Drawn salary Details:		
	Basic Salary:		
	Allowances:		
	Benefits:		
	Reimbursements:		
	Perquisites:		
	Total Compensation Package:		
	Monthly Take Home (post tax):		
Other Remuneration /Benefits:			
Brief Description of key responsibilities, duties & activities			
Reasons for Leaving			

WORK EXPERIENCE

Note : Please fill the details in Chronological Order. State part-time/temporary work & vocational training

2:

Name of the Employer:			
Duration of Employment	From:		Designation / Job Title:
	To:		
Salary & Benefits	Salary	Basic	Gross
	Start:		
	Last Drawn:		
	Other Remuneration / Benefits		
Brief Description of key responsibilities, duties & activities			
Reasons for Leaving			

3:

Name of the Employer:			
Duration of Employment	From:		Designation / Job Title:
	To:		
Salary & Benefits	Salary	Basic	Gross
	Start:		
	Last Drawn:		
	Other Remuneration / Benefits		
Brief Description of key responsibilities, duties & activities			

Reasons for Leaving	
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WORK EXPERIENCE

Note : Please fill the details in Chronological Order. State part-time/temporary work & vocational training

4:

Name of the Employer:			
Duration of Employment	From:		Designation / Job Title:
	To:		
Salary & Benefits	Salary	Basic	Gross
	Start:		
	Last Drawn:		
	Other Remuneration / Benefits		
Brief Description of key responsibilities, duties & activities			
Reasons for Leaving			

5:

Name of the Employer:			
Duration of Employment	From:		Designation / Job Title:
	To:		
Salary & Benefits	Salary	Basic	Gross
	Start:		
	Last Drawn:		
	Other Remuneration / Benefits		
Brief Description of key responsibilities, duties & activities			

Reasons for Leaving	
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ORGANIZATIONAL STRUCTURE	
Note : <i>Please depict your present position</i>	
Designation of the person whom you directly report to	
Number of teams reporting to you	

STRENGTHS & DEVELOPMENT AREAS	
Strengths	Development Areas

CAREER ASPIRATIONS

LEADERSHIP / ACHIEVEMENTS

Note: Please describe any positions held, honors & awards from school, societies etc...

SPORTS & EXTRA CURRICULAR ACTIVITIES

Club / Society	Position held

Sporting Activities

COMPUTER LITERACY

ACCOMPLISHMENTS

Note: *Please describe most significant accomplishment during the tenure of employment*

FURTHER INFORMATION

Your Health:

To the best of your knowledge, are you in good health?	Yes	No
Have you had any major illness in the last 3 years? <i>If yes state details:</i>	Yes	No
Do you suffer from any communicable diseases? <i>If yes state details:</i>	Yes	No

Other:

Have you ever been convicted or subjected to a fine and/or imprisonment? <i>If yes state details:</i>	Yes	No

Work Preferences:

Earliest date you could start work if employment is offered?	
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REFERENCES

Internal References

State the name of either a friend or relative and the name of the Group company in the John Keells group he/she works with, if any

Company	
Name of the person	
Relationship	

Interview within John Keells

If you have been interviewed by any other company within the John Keells Group, please mention the details below

Company	
Interviewed by	

External References

1:

Name	
Designation	
Company	
Address	
Telephone	
Email	

2:

Name	
Designation	
Company	
Address	
Telephone	
Email	

Declaration

I understand that any incorrect material/information provided by me is a ground for disqualification from further consideration or for dismissal from employment.

Signature

Date