

EMPLOYMENT APPLICATION FORM



Position Applied For

Personal Details

Affix recent passport size photograph

Surname

First Name

Middle Name

Marital Status

Sex Nationality Religion

Date of Birth Place of Birth State

Spouse's name

Father's name

Mother's name

Children's Details	Name	Date of Birth	Sex
1			Male / Female
2			Male / Female
3			Male / Female

Present Address	<input type="text"/>	Permanent Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Pin Code	<input type="text"/>	Pin Code	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
e-mail	<input type="text"/>	e-mail	<input type="text"/>

Passport no.	<input type="text"/>	Issued on	<input type="text"/>	Issued at	<input type="text"/>	Valid till	<input type="text"/>
D.L No.	<input type="text"/>	Issued on	<input type="text"/>	Issued at	<input type="text"/>	Valid till	<input type="text"/>

Languages Known	Language	Read	Write	Speak
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Other Details

Details of present accommodation (Yes / No)	Own		Rental		Company Leased	
Membership of Professional Institutes / Bodies	Name of Institute		Type of membership and position held		Duration of Membership Period	

Your strengths & weaknesses

Strengths	Weaknesses

Health Details

Are you suffering from any diseases ? (Yes/No)		If Yes, pl. specify	
Any major operation undergone ? (Yes/No)		If Yes, pl. specify	
Any permanent disability / illness particularly which affect your job ? (Yes/No)			
Eye Sight – Normal / Using Spectacles / Contact Lenses			
Outcome of last medical check-up, if any			
Are you in the habit of smoking / consuming Alcohol ? (Yes/No)			
Is any Civil / Criminal case arising out of your employment / personal level pending against you ? Please give details of such case, if any			

Academics

Category – UG (Undergraduate), G (Graduate), PG (Post Graduate) D - Doctorate

From Date	To Date	Category	Institute / Location	Certificate /degree	Specializations, if any	Results



Professional Training

Name of the organisation	Period		Stipend / Salary	Type of Training	Remarks
	From	To			

Work Experience

In reverse chronological order – Start with your present employment

From Date	To Date	Organization / Location	Type of industry	Last Designation	Reasons for leaving

In case there have been periods of unemployment / self-employment, kindly indicate the reasons

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About Your Present Employment

Annual Turnover	Employee Strength	Number of reportees	Gross Salary p.m. (Starting)	Gross Salary p.m. (Current)	Reporting to

Responsibilities & Achievements

Key responsibilities & Duties	Major achievements (Personal / Professional)



What are you yet to achieve? – Personal or Professional

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Extra-Curricular Activities / Vocational Interests

S I.	Nature of Activity	Level of Participation	Year	Highlights

Any other information, you would like to furnish...

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If you are related to any of the employees of CEL, please furnish details

Name	Designation	Location	Nature of relationship

May we refer to your previous employer? Yes / No

Have you been interviewed earlier by us / our associate companies? Yes / No

If Yes, Position interviewed for Date / Period of interview

Place of interview Interviewer

How soon would you be free to take up the new assignment, if offered?

What remuneration do you expect to receive per annum?

Do you have any locational preference?

Current Remuneration Details

All figures in Indian Rupees

Sl. No.	Compensation Components	Present (Rs.)	Proposed (Rs.) *	Remarks
A	Monthly Salary			
1	Basic			
2	D. A.			
3	H. R. A.			
4	Conveyance			
5	Incentive			
6	Any other (specify)			
	Gross I			

B	Annual Benefit			
7	L. T. A.			
8	Medical / ESI			
9	Bonus			
10	Any other			
	Gross II			

C	Retirement			
11	P.F. (Employer's Contribution)			
12	Superannuation			
13	Gratuity (approx. 5% of basic salary)			
14	Any other (specify)			
	Gross III			

	Cost To Company (CTC) (A+B+C)			
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* For Office use only



Notice Period	
How much notice you are required to give to your present employer :	

References	Details of two persons other than your relatives			
Name	Designation	Organization	Telephone	E-Mail

Declaration

I hereby declare that the information given is true to the best of my knowledge and will form the basis of the contract of employment if I am employed by Century Extrusions Limited. If at a later date it is found that any information furnished herein is untrue or incorrect in any material respect, the Company will have the right to terminate my service without notice or salary in lieu thereof.

I also certify that above information provided by me is true to the best of my knowledge.

Place		Date		Signature	
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Enclose self-attested copies of ::

- 1) Certificate of Date of Birth
- 2) Certificate of Copy of Driving License / Passport / Voter ID Card
- 3) Copy of all Educational certificates.

(original certificates to be produced for verification)