



BESTWAY CEMENT LIMITED

APPLICATION FOR INTERNSHIP

BESTWAY IS AN EQUAL OPPORTUNITY EMPLOYER

Please carefully read the Guidelines on the last page before filling this Form

FOR OFFICIAL USE ONLY

Application accepted/rejected/contingent

Reasoning

Date of interview

Date of 2nd interview

Initials

Date

INTERNSHIP APPLIED FOR

Department

Location

When are you available to commence?

Duration of internship?

Would you be interested in a full time, part time or a temporary position with Bestway upon completion of internship?

Yes

No

Referral source:

(Website/ Newspaper/ TV/ Radio/ College/ University placement office/ Employee Referral/ Friend/ word of mouth/ Employment Agency/ Bulletin Board)

Specify source

Name

TO BE FILLED IN BY THE HEAD OF INSTITUTION/ORGANISATION

I, _____ hereby recommend _____ for internship at Bestway Cement Limited.

Signatures _____ Designation _____

Official stamp/seal _____

PERSONAL DETAILS

Mr / Ms / Miss / Mrs					
Name					
Surname					
Father's/ Husband's name					
Date of birth					
Place of birth					
N.I.C No.				-	
Religion					
Marital status	Single		Married		Separated
					Widow

PHOTOGRAPH

DETAILS OF DEPENDENTS (SPOUSE (S) & UNMARRIED CHILDREN)			
NAME	RELATIONSHIP	OCCUPATION	DATE OF BIRTH

PRESENT ADDRESS

H.No. _____ St. No. _____ Town _____ City/Village _____
 Tehsil _____ District _____ Post Code/Post Office _____
 Telephones (include full STD code)
 Home _____ Work _____ Mobile, if you have one _____
 Fax, if you have one _____ E-mail, if you have one _____
 May we contact you by e-mail - Yes / No _____ May we contact you at work - Yes / No _____

PERMANENT ADDRESS (if different from above)

H.No. _____ St. No. _____ Town _____ City/Village _____
 Tehsil _____ District _____ Post Code/Post Office _____
 Home Telephone (include full STD code) _____

NEXT OF KIN					
Name	Relationship	Address (if different from above)	Home Telephone (include full STD code)	Work Telephone (include full STD code)	Mobile phone (include full STD code)

NOMINATION FOR PAYMENT OF FINAL DUES IN THE EVENT OF DEATH

Sr. #	Name	Relationship	Address	Phone No.

- Do you have any caring responsibilities? (e.g. young children, dependant relatives) Yes No
- Have you ever been convicted of a crime? If yes, describe in full, including date and location of court records. A conviction will not necessarily disqualify you from employment and will be considered only if it relates reasonably to the job duties. Yes No
- Do you hold a valid driving Licence? Yes No
- Have you any relatives presently working with Bestway Group. If yes, state name, designation and relationship and company where your relative works _____

HEALTH DECLARATION

A health condition will not necessarily disqualify you from internship and will be considered only if it relates reasonably to the job duties.

- Do you suffer from any chronic disease or repetitive illness? Yes No
- Do you have any disability (see definition) Yes No
- Have you had any major illness or accident in least five years? Yes No

If the answer to any of the above is YES, please provide as much details as possible.

EDUCATION

Certificate(s)/Diploma(s) Degree(s)	Name of Schools /Colleges	City and Country	Dates attended		GPA or Percentage	Month &Year of Award
			From	To		
Matriculation / O-Levels / GCSE or equivalent						
Intermediate / A-Levels or equivalent						
Graduation						
Post-Graduate / Professional						

☐ TRAINING SECTION

List any training you have received or courses which did not lead to a qualification but which you feel are relevant to the internship you are applying for.

Description	Conducted by Organization /Institution	City and Country	Dates attended		Level attained	Date of Award
			From	To		

☐ INTERNSHIP GOALS

Briefly explain what you aim to achieve through this internship:

☐ SELF ASSESSMENT

Please make a candid self-assessment of what you consider to be your strengths and areas of improvement:

☐ ACCOMPLISHMENTS

Briefly describe what you believe to be your three most substantial accomplishments and explain why you view them as such:

DISTINCTIONS, HONOURS AND AWARDS (ACADEMIC, EXTRACURRICULAR, BUSINESS, COMMUNITY OR OTHERS)

HOBBIES, ACTIVITIES AND INTERESTS

REFERENCES

Please provide details of three people who know you and your work to whom personal and professional reference can be made:

	Head of Institution / Organisation	A relative or a person you know in a personal capacity
Title and Name		
Position held		
Full address		
E-Mail		
Telephone		
Fax		
Mobile		
How long known		

DECLARATION

I certify that the information provided by me in this form and all transcripts/documents submitted herewith or in connection with this application for internship is accurate and true, and may be subject to verification, I understand that falsification or concealment of any information, may disqualify my application and/or be ground for disciplinary action up to and including termination and /or legal action. Unless otherwise indicated, I agree and give my consent that any person, firm or organisation listed herein is authorised to furnish Bestway with reference material concerning my character, past employment or any other information requested.

Signatures _____ Date _____

(Applicant shall be deemed to have signed this Form and made the above Declaration if this Form is submitted through email without signatures of the applicant).

□ GUIDELINES FOR FILLING THE FORM

If you have any problem completing this form please contact the Personnel Department at + 92 (0) 51 265 4856. You may also wish to submit a CV, but if you do please note that it would still be necessary to complete and submit this form in full.

You must provide all information requested in this form to avoid rejection of your application.

Use additional sheet where necessary.

Type or print in black or blue ink and in BLOCK CAPITALS.

Any information you provide is confidential.

The acceptance of this form does not in any way whatsoever assure eventual internship or employment with Bestway.

Please note that your application will not be acknowledged unless you include a stamped self-addressed envelope.

Only shortlisted candidates will be notified of the outcome of their applications; if you do not hear within two weeks of the closing date you should assume that your application has been unsuccessful on this occasion.

This form may be:

- emailed to careers@bestway.com.pk , or
- sent through post to, or handed in at

Personnel Department
Bestway Cement Limited
Bestway Building
19-A, College Road
F-7 Markaz
Islamabad 44000
Pakistan.

Disability:

A disability is a permanent physical , mental or sensory condition. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. This confidential information is solicited only to ensure compliance with our policy of providing equal opportunities to all prospective candidates. It should not be construed and will not be considered as a request for accommodation.