

APPLICATION FORM INSTRUCTIONS

1. Please read the internship policy page at carefully before submitting your application
2. Answer each question in the application form clearly and completely
3. Send the completed application form to:
Human Resource Manager
C.P. Bangladesh Co., Ltd.
28, Alaol Avenue, Sector-6, Uttara Model Town, Dhaka-1230
4. Incomplete application forms will not be considered

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1. Family Name _____
 2. Date of Birth _____ Present Nationality _____
 3. Gender _____ Marital Status _____
 4. Present Address _____
 5. Permanent Address _____
 6. Contact Telephone Number _____ Fax Number _____
 7. Contact E-Mail Address _____
 8. To what extent are you familiar with the activities of the company, CPB?
 9. Proposed internship period Start: / / End: / /

10. What is your area of interest? What would you like to work in? Please indicate by writing below in order of preference the main area(s) you would like to work in _____

Please give a brief description of which current project/functional area at CPB you would like to work with, what exactly you will do in that project/area of your interest and how you will contribute to that project (maximum 700 words).

14. Have you previously submitted an application for internship with the CPB?

YES NO

If YES, state Date/Reference of response received:

15. KNOWLEDGE OF LANGUAGES

a) Name of mother-tongue:

b) OTHER LANGUAGE

Name of Language	Read	Write	Speak	Understand

16. EDUCATION. Give full details - N.B. Please give exact name of institution and titles of degrees

Name of University (include the city and country)	From	To	Degrees and Academic Distinctions	Main Course of Study

17. Indicate a List of completed Course Work (optional).

18. List any significant publication you have written

19. Do you have computer Skills? YES NO List Software with which you are proficient

20. EMPLOYMENT RECORDS (Optional)

List in reverse order the employment you have had.

From: Month/Year	To: Month/Year	Name and Address of Employer	Type of Organisation	Description of your Duties

21. List of persons to contact in case of emergency

Full Name	Full Address	Telephone Numbers

22. Do you hold a Health/Accident Insurance Policy? YES NO If yes, indicate the Name of the company and the Policy Number

Name of Company	
Policy Number	

If no, please note that you will be expected to bear any costs arising from accidents and or illnesses incurred if accepted for an internship.

23. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.

Full Name	Full Address	Business or Occupation

24. Have you any objections to our making inquiries about you to your current educational institute? YES NO

25. Have you ever been arrested, indicted, or summoned into a court as a defendant in a criminal proceeding, or convicted, fined, or imprisoned for the violation of any law (excluding minor traffic violations)? YES NO

if "yes", give full particulars of each case.

26. List any other relevant facts for example membership in professional societies or activities in civic, public affairs, etc, that will help your internship application

27. Will you bring your own computer (laptop) for the internship? YES NO

28. Do you need assistance from CPB in obtaining accommodation for the duration of your internship? YES NO

I certify that the statements made by me in answer to the foregoing questions are true, complete, and correct to the best of my knowledge and belief. I understand that any misinterpretation or material omission made on this application form, or other document requested by the Organization renders an intern with CPB liable for termination or dismissal.

Signature:

Date: