**JOB APPLICATION FORM**

Chilanga Cement Plc, a member of Huaxin is an equal opportunity employer that does not discriminate based on age, race, faith, color, national origin, sex, disability, predisposing genetic characteristics, or marital status, unless based upon a bona fide occupational qualification or other exception.

By filling in this form, you hereby give consent to the Company to process the said information in accordance with Data Protection Law requirements. The information you provide in this form will be used to determine your eligibility to work in our organization. Further, the information will form the basis of further discussions in interviews, and if you are successful and join us, it will become a part of your permanent employee record if you are successfully employed. If you are not successful, with your consent the information provided may be retained in our job applicant data base to enable us consider you for prospective job openings within our organization. Conversely, if consent is denied, your data will be deleted without compromising its security within reasonable time after the selection process. Take note that you are at liberty to withdraw your consent aforementioned at any time, provided you notify the Company of your decision.

Please read all instructions carefully. All pages of this application must be completed, and the application must be signed.

Position You Are Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Gross Salary (ZMW): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Gross Salary (ZMW): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Available for Work/ Notice Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IDENTIFYING INFORMATION** |

***Please fill in the following information in block letters.***

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NATIONALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TPIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID NUMBER (NRC/ PASSPORT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPLICANT INFORMATION** |

***Please tick the appropriate box for your answers in this section***.

1. Have you been interviewed by Chilanga Cement Plc before? Yes No

If Yes, for which position and when? ................................................................................................

1. Are you willing to work anywhere in the country? Yes No

If not, please state constraining factors…………………………………………………………………..

1. Are you willing to work outside the country? Yes No

If not, please state constraining factors…………………………………………………………………..

1. Have you ever been convicted of a crime? Yes No

If yes, please give details…………………………………………………………………………………...

…………………………………………………………………………………………………………………

1. Are you currently undergoing any court or legal proceedings? Yes No

If yes, please give details…………………………………………………………………………………...

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1. Are you legally authorized to work in Zambia? Yes No
2. Will you require sponsorship for an employment permit? Yes No
3. Do you currently have a valid driver’s license? Yes No

If yes, please state your license class; ……………………………………………………………………

Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_

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| **EDUCATIONAL BACKGROUND** |

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| --- | --- | --- | --- | --- |
| **School Leaver's Exam** | **Name of School** | **Year Awarded** | **Subjects Passed** | **Marks Obtained** |
|  |  |  |  |  |
| **Tertiary Education** | **Name of Institution** | **Year Awarded** | **Major** | **Division/ Class** |
|  |  |  |  |  |
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| **Post Graduate Education** | **Name of Institution** | **Year Awarded** | **Major** | **Division/ Class** |
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| **EMPLOYMENT EXPERIENCE** |

***Please list all periods of employment, beginning with the most recent;***

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title and Responsibilities; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason(s) for leaving; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If this your current employer, when can we contact them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title and Responsibilities; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason(s) for leaving; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title and Responsibilities; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason(s) for leaving; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Title and Responsibilities; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason(s) for leaving; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Should you have more information to add on your work experience, you can attach more sheets.***

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| **PROFESSIONAL MEMBERSHIPS & AFFILIATIONS** |

***For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:***

1. Name of Trade or Professional License/Certificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type/Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes No
2. Has your license/certification/registration ever been suspended or revoked? Yes No

If yes to b or c, please specify in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROFESSIONAL MEMBERSHIPS & AFFILIATIONS**

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| **LANGUAGE & TECHNICAL PROFICIENCY** |

***Please rate your proficiency in the following on a scale of 0-5 (with 0 showing no proficiency at all, and 5 showing excellent proficiency.***

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Speaking | Writing | Reading |
| English |  |  |  |
| Bemba |  |  |  |
| Nyanja |  |  |  |
| Chinese |  |  |  |
| Other……………………………. |  |  |  |
| Other……………………………. |  |  |  |
| Other……………………………. |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Computer Skills | 1 | 2 | 3 | 4 | 5 |
| Microsoft Excel |  |  |  |  |  |
| Microsoft Word |  |  |  |  |  |
| Microsoft PowerPoint |  |  |  |  |  |
| Email |  |  |  |  |  |
| Other……………………………. |  |  |  |  |  |
| Other……………………………. |  |  |  |  |  |
| Other……………………………. |  |  |  |  |  |

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| **POTENTIAL FOR CONFLICT OF INTEREST** |

1. Please provide the names of any of your relative(s) employed by Chilanga Cement Plc presently or in the past. For the purpose of this application, a “relative” is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if you have no relative(s) employed by Chilanga Cement Plc.

1. Do you have any relatives employed by any cement manufacturers?  Yes No

If yes, please give you relationship with the person and the name of their employer………………..

…………………………………………………………………………………………………………………

1. If offered a position with Chilanga Cement Plc, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes No

Please note that if you intend to maintain other employment while employed by Chilanga Cement Plc, you will need to inquire about your ability to do so at the time of your interview.

1. Are you involved directly or indirectly in any business, investment, supplier relationship, direct competition, etc. that could lead to a direct or indirect conflict of interest with Chilanga Cement Plc?

 No  Yes

If yes, please provide details? .........................................................................................................

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| **ADDITIONAL INFOMATION** |

1. Kindly take us through a brief biographical sketch about yourself, your family, education, etc.

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1. Could you share with us a few aspects about yourself?

**Your Significant Achievements:** ………………………………………………………………………...

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**Strengths:** ........................................................................................................................................

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**Limitations:** …………………………………………………………………………………………………

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1. Could you please highlight your reasons for applying to Chilanga Cement Plcand why you consider yourself suitable for the job applied for.

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1. Please use this space for any other information which you consider to be relevant to your application**.**

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| **REFEREES** |

***Please provide at least three (3) reference; each one from your previous immediate supervisors. Kindly note that you are not allowed to list relatives as your references.***

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| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Company** | **Email** | **Phone Number** |
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| **APPLICANT AFFIRMATION AND RELEASE AUTHORIZATION** |

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is a cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable by Law.

I hereby authorize any former or current employer to provide Chilanga Cement Plc with any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Place

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| **FOR OFFICIAL USE ONLY** |

***Interview Comments***

**HR Department**: …………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….…………………………………………………………………………………………………………

Date…………………………………………………. Sign ………………………………...**Line Manager**

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