

We are an Equal Opportunity Employer and committed to excellence through diversity.

EMPLOYMENT APPLICATION FORM HINDUSTAN UNILEVER LTD.

Unilever House,B. D. Sawant Marg,Chakala, Andheri (E), Mumbai - 400 099 AFFIX RECENT PASSPORT SIZE PHOTOGRAPH

Mullibai - 400 077.										
POSITION APPLIED FOR :				LOCATION:						
PERSONAL DATA										
FULL NAME IN BLOCK LETTERS MR./MRS./MISS										
(FIRST NAME)				(MIDDLE NAME)				(SURNAME)		
PRESENT	OWN / RENTED HOUSE			PERMANENT OWN/RENTED HOUS						
ADDRESS				ADDRESS						
·										
TEL. NO.			-	TEL. NO.						
DATE OF BIRTH	ATE OF BIRTH PLACE & STATE OF BIRTH BLOOD GR			ROUP PAN NO.:			AADHAR NO.			
era i nava i senar										
HEIGHT (cms)	WEIGHT (kg)	MARIT	TAL STATUS	PHYSICAL DIS	ABILITY, IF ANY	NATI	IONALITY	RELIGION		
	¥									
LANGUAGES:			READ			WRITE SPEAK				
MOTHER TONGUE :										
OTHER LANGUAGES1										
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4										
W = 7.	5							100 D 9000 900 - 1100		
HOBBIES & INTERESTS										

FAMILY BACK	GROUN	D						
NAME			AGE	OCCUPATION				
FATHER :			vi					
MOTHER :								
HUSBAND :		3						
WIFE ;	The state of the s							
CHILDREN :								
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		Î						
BROTHER/SIST	ED (9	
BRUTHER/SIST	ER .							
ACADEMIC R	FCORD	(BEGIN WITH S	SC)			19500		
				DDEOO	44451	LINIU/EDOLTI/	GRADE/	
EXAMINATION YEAR OF PASSING PASSED MEDIUM OF INSTRUCTION		NAME & ADDRESS MAIN SUBJECT		UNIVERSITY OR BOARD	CLASS OR DIVISION			
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		TO 1885 1130 25	w w					
)				
COMPUTER S	KILLS							
LANGUAGES KNOWN 1NISTITI		NAME OF THE ITION & YEAR OF PASSING			PERCENTAGE OBTAINED			
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						one environ		
3300						2000		
ANY OTHER A	DDITION	AL INFORMATIO	N RELATING	TO CO	MPUTERS :			
						¥6.		

EXPERIENCE - PREVIOUS EMPLOYMENT										
NAME & ADDRESS OF EMPLOYER		NO. OF EMP.	EMPLOYEE COL	DE	U.A.N	DATE OF JOINING				
	11.00				- 100					
DEGIONATION		DEDO	DTING TO	No. of all possible and all all all all all all all all all al						
DESIGNATION	9-23	REPU	RTING TO :		NO. OF SUBORDINA	IIES.				
SALARY			/Dua a h.	ORGANISATION CHART						
D.A.	(Draw a brief diagram indicating your position in relation to your department and total organisation setup)									
H.R.A.		-	4							
LUNCH	-									
CONVEYANCE	ANCE									
INCENTIVE ANY OTHER										
SPECIFY										
BONUS										
L.T.A.										
MEDICAL										
P.A.										
ANY OTHER SPECIFY	- 701									
GRAND TOTAL					- 444	9				
JOB DESCRIPTION	ON / RESPONSIE	BILITIES (GIVE	DETAILS OF AF	REA OF EXPER	TISE)					
	PERIOD OF EMPLOYMENT:FROM:TO:									
(Month/Year)										
	NAME OF SUPERIOR * CONTACT NO OF SUPERIOR *									
HAVE YOU BEEN PROPERLY RELIEVED FROM YOUR JOB BY THE PREVIOUS EMPLOYER ?										
PREVIOUS EMPLOYMENT (OTHER THAN ABOVE)										
PERIOD OF EMPLOY FROM TO EMPLOYERS		NAME & ADDE	RESS D	DESIGNATION	TOTAL LAST	REASON				
			1200	LOIGHTHOIT	EMOLUMENTS	FOR LEAVING				
		**								
1000										
				6						
- 430						179.89				
NAME OF SUPERIOR *:		C	CONTACT NO OF SUPERIOR *:							
REASON SEEKING CHANGE IN PRESENT EMPLOYMENT			JC	JOINING PERIOD						
GROSS SALARY EXPECTED MINIMUM			PF	PREFERENCE FOR PLACE OF WORK						

FIELD MARKED AS '*' ARE MANDATORY

GENERAL INFORMATION

DO YOU HAVE ANY FRIEND / RELATIVES EMPLOYED IN OUR COMPANY OR GROUP OF COMPANIES ? IF ANY, GIVE DETAILS									
NAME	DESIGNATIO	N / DEPARTMENT / PLACE			RELATIONSHIP				
	32.77 SAMPLE				0.00				
	3330				1 37 2				
PLEASE MENTION FRANKLY AND BRIEFLY YOUR STRONG AND WEAK POINTS IN RELATION TO YOUR JOB									
STRENGTH:									
WEAKNESS:									
CAN WE MAKE A	REFERENCE TO YO	UR PREVIOUS EM	PLOYERS, I	F SELECT	FED BY US AND AFTER YOU JOIN US				
axin.		YES	S/NO	- 7	1500-1				
IF NO	PLEASE ELABORAT	E THE REASONS							
NEAREST PERSO	ON TO BE CONTACTE	D IN CASE OF ANY	EMERGEN	CY					
NAME & RELATIONSHIP			ADDRESS & TEL. NO. IF ANY						
REFERENCES O	F TWO RESPONSIBLE	E PERSONS NOT R	ELATED TO	YOU:					
NAME			UPATION	×	ADDRESS				
AUTHORIZATION & DECLARATION									
I HEREBY AUTHORIZE HINDUSTAN UNILEVER LIMITED (OR A THIRD AGENT APPOINTED BY THE COMPANY) TO CONTACT ANY FORMER EMPLOYERS AS INDICATED ABOVE AND CARRY OUT ALL BACKGROUND CHECKS NOT RESTRICTED TO EDUCATION AND EMPLOYMENT DEEMED APPROPRIATED THROUGH THIS SELECTION PROCEDURE. I AUTHORIZE FORMER EMPLOYERS, AGENCIES, EDUCATIONAL INSTITUTES ETC. TO RELEASE ANY INFORMATION PERTAINING TO MY EMPLOYMENT/EDUCATION AND I RELEASE THEM FROM ANY LIABILITY IN DOING SO.									
I ALSO CERTIFY THAT THE STATEMENT'S MADE BY ME ARE TRUE, COMPLETE AND CORRECT, I AGREE THAT IN CASE THE COMPANY FINDS AT ANY TIME INFORMATIONS GIVEN BY ME IN THIS APPLICATION ARE NOT TRUE OR COMPLETE, THE COMPANY WILL HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT WITHOUT NOTICE. IF SELECTED, I ALSO UNDERTAKE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY.									
(APPLICANT'S SIGNATURE)									
	1475				DATE				

Please fill the form and send it to :careers@hulunilever.in