

		Employmer	it Appl	lication Form					
Position Appl	ied:								
Source / Refe	rrer's Name:					(Decement Sized Photo)			
Expected Sala	ary:		]			(Passport Sized Photo)			
Date Available	e / Join:								
Applicant									
Full Name:			Name in Chinese Character:						
Permanent Address:			Correspondence Address:						
Tel No.(H):		H/P No.:		Email Address:					
Personal Part	iculare								
NRIC No.:	iculais	Age:		Nation	alitv:				
Passport No.:		Gende	er:						
Date of Birth:		Height	ght: Religion:						
Place of Birth:		Weigh	t:						
Immediate Fa	mily Members	Information (spouse, children, parent &	sibling)						
Na	me	Relationship Age	Educ	cation Level / Position Title	School	Company Name			
Education Ba	ckground (fro	m lowest to highest education)							
Period (mo	onth / year)			Qualification	_	Grade			
From	То	School / College / Institute / Uni	versity (e.g.: Certificate / Diploma / Degree, etc.)			(Latest CGPA, if any)			
Employment I	History (from f	irst to present / last employment)							

Period (month / year)		QN	D isi	S	Danas of Landing	
From	То	Company Name	Position title	Starting	End	Reason of Leaving

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## **VITROX CORPORATION BERHAD & ITS SUBSIDIARIES**

	Year	Achievement							
	lage (Proficiency level: Low [1] – High [10])							****	
10.	Language		Spoken				Written		
ftw	are Application / Technical Skills Proficiency (Prof	iciency lev	al: I ow [1] = Hi	ah [10]	1)				
lo.	Software Application / Technical Skills		Proficiency No. Software Applicat			ation / Te	chnical Skills	Proficiency	
-	Community (pp. 100 mod. Commo								
_									
	1			1				I	
ara	cteristic / Personality								
lo.	Strength	No.		Weak	ness	No.		Hobby	
	Information (Circle & write where applicable)								
1	Do you have any relative / friend working in ViTrox?				No / Yes	(Name	·)		
2	Do you have any relative / friend working in automation company or similar r of business?			ature	No / Yes	(Name	·)		
3	B Have you suffered from illness, injury, operation or transmissible disease				No / Yes	(What)	1		
4	Are you currently under any kind of medication. If yes, please state				No / Yes	(What)	1		
5					No / Yes	(What)	1		
6	Are you a member of any Professional Body / Union?				No / Yes	(Name	,		
7	Have you ever had any police conviction?				No / Yes	(Case)			
8	Have you involved in any illegal drug taking?				No / Yes	(When			
9	Have you been declared bankruptcy?				No / Yes	(When			
0	Have you been implicated in any bribery & corruption practices?				No / Yes	(What)			
11	Have you ever had any disciplinary in your employment?				No / Yes	(What)			
12	Have you been terminated by your previous employe	er?			No / Yes	(Why)			
13	Do you accept department transfer?				No / Yes	(What)	)		
-1-									
	ration bby certify that all the particulars furnished on this app	lication for	m are to the h	et of r	my knowledge true	and cor	rect		
	ee and accept that a misrepresentation or permission of				, 0			ion for employment	
-	smissal from the Company's service if I have been em		.ca noroni will	JU JUI			o. considerat	.s ioi ompioymont	
	e with the Personal Data Protection Act 2010 (PDPA),		gree that ViTr	ox ma	y collect, use, sto	re, and pr	ocess my pers	onal data.	
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