	UNITED BC TEAM SDN. BHD.	Doc. No.: UBCT-HRM-DOC-008 Doc. Ref.: UBCT/HRM/APF Rev. No.: 2 Rev Date: 23 Oct 2023 Page: 1 of 4
	APPLICATION/EMPLOYEE PARTICULARS FORM	

Please complete the form in CAPITAL LETTERS. Please ensure the information given are updated and correct.

Position/Department Applied for: Expected Salary:

PERSONAL INFORMATION

Prefix:	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>
Name as per NRIC:				
Address: (Permanent)				
Mailing Address: (If different from above)				
Telephone:	Home	()	Office	()
			Mobile	()
Email address:				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:	<input type="text"/>
Place of Birth:	<input type="text"/>		Date of Birth (dd/mm/yy):	<input type="text"/>
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated/Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
			Date of Marriage:	<input type="text"/>
NRIC No.:	(New) <input type="text"/>	(Old) <input type="text"/>		
Race:	Malay <input type="checkbox"/>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Others: <input type="text"/>
Religion:	Muslim <input type="checkbox"/>	Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>
			Sikh <input type="checkbox"/>	Others: <input type="text"/>

Please attach
passport-
size
photograph


FAMILY PARTICULARS

(Parents, Spouse, children, brothers & sisters)

Name	Relationship	Gender	Age	Occupation	Company Name

OTHER INFORMATION

	Emergency Contact	Next-Of-Kin (If other than spouse)	Beneficiary (If other than spouse)
Name			
Relationship			
Address			
Tel. No.			

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EDUCATION/QUALIFICATIONS

Highest Education:	Primary School	<input type="checkbox"/>	STPM/HSC/A-Levels	<input type="checkbox"/>	Professional Degree	<input type="checkbox"/>
	SRP/PMR/LCE	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Master's degree	<input type="checkbox"/>
	SPM/SPMV/SAP/MCE/O-Level	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Doctorate/PHD	<input type="checkbox"/>

Institution/Country	Period		Qualification	Major/Course of study	Result
	From	To			
Secondary School(s)					
College(s)					
University(s)					
Professional Membership					

WORKING EXPERIENCE


Employer (Present/Last Employer first)	Period of Employment	Position Held	Reporting To (Name & Position)	Basic Salary		Reason(s) For Change In Employment
	From/To (Month/Year)			Start	Last	

Current Total Remuneration (in Ringgit Malaysia)

OTHER PAYMENTS (e.g., Bonuses, Allowances, etc.)	OTHER BENEFITS (e.g., Company Car)	PENSION ARRANGEMENT (Contribution/Non-Contributory)	BASIC SALARY (per month)	EXPECTED SALARY (per month)	NOTICE PERIOD

Expected Date of Commencement (If offered):

Additional information you may wish to provide (attach additional sheet if necessary):

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How did you know about this vacancy?

<input type="checkbox"/>	Advertisement	-	Media:	<input type="text"/>	Company <input type="text"/>
<input type="checkbox"/>	Personal Reference	-	By:	<input type="text"/> Department <input type="text"/>	
<input type="checkbox"/>	Recruitment Agency	-	Agency's Name:	<input type="text"/>	
<input type="checkbox"/>	Others	-	Please specify	<input type="text"/>	

SKILL

PC/Computer literacy:

<input type="text"/>
<input type="text"/>

HOBBIES/INTERESTS/SPORT:

<input type="text"/>
<input type="text"/>

LANGUAGES & DIALECTS PROFICIENCY:

Spoken	<input type="text"/>
Written	<input type="text"/>

PHYSICAL DISABILITIES OR HANDICAPS (If any):

<input type="text"/>
<input type="text"/>

MAJOR ILLNESS OR ACCIDENT (If any):

<input type="text"/>
<input type="text"/>

LIST TWO PERSONAL REFERENCES (not relatives):

Name	Contact No.	Occupation	Years/Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST LAST TWO EMPLOYMENT REFERENCES:

Contact Person	Position	Employer	Tel. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Have you ever been dismissed from employment on disciplinary grounds?

☐ Yes ☐ No

If yes, please specify for what reason(s)

2. Have you ever been convicted of any criminal offence, excluding traffic?

☐ Yes ☐ No

If yes, please specify for what reason(s)

3. Have you been declared bankrupt?

☐ Yes ☐ No

If yes, please provide details

4. Do you suffer from any chronic illness, diseases or any form or allergies?

☐ Yes ☐ No

If yes, please indicate

5. When was the last time you visited a doctor/reason?

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6. Do you have an active Public Bank account? ☐ Yes ☐ No
 If no, have you been 'blacklisted' by Public Bank or encountered any problem in opening an account before? ☐ Yes ☐ No
 (Note: Offer of employment to any candidate is subject to the person having an active Public Bank account)

7. Do you have any family member/relative working in this company? ☐ Yes ☐ No
 If yes, please state name and your relationship with the person

I hereby declare that all the above information is true and correct. I understand that misleading statements or deliberate omissions may be sufficient grounds for cancelling or termination any agreement made.

<i>Signature of Applicant</i> _____	<i>Date of Application</i> _____
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FOR OFFICE USE ONLY

Interviewed by:								
Application:	Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	KIV	<input type="checkbox"/>	Comment:	
Commencing Salary:				Other Allowances:				
Commencement Date:								
Remarks:								