

## **EMPLOYMENT APPLICATION FORM**

All Requested Information must be Completed (Strictly Private and Confidential)

Affix a passport-sized photo here

Position Applied For	:	PER	SONAL	INFORMATION					
Name as per NIRC/Passport :						(For Office Use Only) Staff code & GRADE:			
NRIC No : Passport No:	English name (if any):		Chinese Name :		Race :				
Date of Birth:	Age :			Place of Birth:	ı	Religion :			
Permanent Address:  Mailing Address (if different from per	manent ad	dress):			Ī	For Foreigner U  Do you have a working  Yes  If you do, please provi	g permit?		
Sex : Male Female	Marital Status : Female			Single Married Se	eparated [	d Divorced Widowed			
Nationality:				Height: cm	,	Weight:	kg		
Applicant email address :				Home:	N	1obile:			
EPF No :	Income Tax No : Branch:			Socso No:					
Driver's car / bike plate no.:				Driver's license no:					
LANGUAGE PROFICIENCY				COMPUTER KNOWLEDGE					
(Proficiency level: 0 - 10)				(Proficiency level: Basic/Intermediate/Advance)					
LANGUAGE Pro		roficiency Level Write Speak		Software/ Programming Used		Proficiency Level	Year(s) of Experience		

			EDUCATIO	ON						
Year Attended  Start End Date Date	Certificate/Diploma/Degree - (*Specify field and study major)			School/Institution/University		s Studied	Grade/CGPA			
То	Title:									
То	Title:									
То	Title:									
То	Title:									
То	Title:									
COURSE OR SEMINAR ATTENDED										
Date/Year Obtained	Title of Course/Topic		Nam	e of Institute/Organ	nizer Duration of Cours		on of Course			
0.	THER ACTIV	/ITIES (SOC	IAL CIVIC & PE	ROFFSSTONAL O	RGANT7A'	TIONS)				
OTHER ACTIVITIES (SOCIAL, CIVIC & PROFESSIONAL ORGANIZATIONS)  Name of Organisation Position Duration							n			
BENEFITS OF YOUR CURRENT COMPANY										
Name of Benefit		Days/A	Allowance	Description of Benefit						
OTHER REQUIRED INFORMATION										
Have you ever been convicted to criminal offense or court?  (If yes, please explain)  Have you ever been declared bankrupt?  [Yes   No] (Underline the answer)										
Do you have any current condition, past medical history which may affect your ability to carry out assign duties?  If yes, attach any documents relating necessary. [Yes   No] (Underline the answer)										
Do you have any relatives or friends working in N2N? If yes, fill the following details:			N2N? Full Nam	II Name: Relation:		Department:				
Whom should we notify in case of emergency: Name: Address:										
Phone: Relation:										
none.										

## **EMPLOYMENT HISTORY** \_All requested information must be filled \*\*List the most recent employer first: The employment Applicant hereby declare that all the informations provided herein are genuine and hereby consented to the Company to perform any employment reference check with the previous and/or current company(ies) in verifying the informations herein provided, including personal information as defined under Personal Data Protection Act 2010 ("PDPA 2010"), whenever N2N deemed necessary. NOTE: N2N WILL NOT CONTACT YOUR CURRENT COMPANY (HR OR MANAGER) BUT ONLY COMPANIES THAT YOU HAVE OFFICIALLY RESIGNED FROM ALREADY. Industry: Company's Name: Starting Salary: Ending Salary: Position Held: Date of Employment: DD/MM/YYYY Reason for leaving: From Full time Part time Temporary Check То One Company Address: (Tel No.) (Mobile No.) Reporting Manager: (Name) (Position Title) Industry: Company's Name: Starting Salary: Ending Salary: Date of Employment: DD/MM/YYYY Reason for leaving: Position Held: From Full time Part time Temporary Check То One Company Address: (Tel No.) Reporting Manager (Name) (Position) Title (Mobile No.) Industry: Company's Name: Starting Salary: Ending Salary: Date of Employment: DD/MM/YYYY Position Held: Reason for leaving: From Full time Part time Temporary Check One То Company Address: (Tel No.) Reporting Manager: (Name) (Position Title) (Mobile No.) Industry: Company's Name: Starting Salary: Ending Salary: Date of Employment: DD/MM/YYYY Reason for leaving: Position Held: From Full time Part time Temporary Check То One (Tel No.) Company Address: (Name) (Position Title) (Mobile No.) Reporting Manager: PERSONAL REFEREES (Please provide two [2] names who are not your relatives) **Description:** Referee 1 Referee 2 Name: Telephone/HP.No: Position & Company: Years Known: Relationship:

	ADDITIONAL	TNEODMAT	TON				
Expected Salary:	Notice Period Required:	LINFORMA		u prepared to			
			travel o	or service in	Yes	No	
Minimum Expected Salary:	CONSENT &	DECLADAT	oversea	a?			
*Collection of personal data in compliance wi				Companies will h	e maintaining y	vour nersonal	
information for the purposes including, withou	ut limitation of, verifying ¡	previous employr	nents reco	rd, advertising a	nd promotion, a	and general	
administration purposes. By signing this Appli purposes as out herein. Should you are not or							
<b>Do not</b> consent or agree.		,,		g			
I certify that the information given is true and	d correct and I understand	d that this inform	ation in an	v misrepresenta	tion of fact may	v considered	
cause of negligence or dismissal regardless of statements.							
Signature of Applicant:		Date	:				
FOR OFFICE	USE ONLYFOR OF	FICE USE O	NLY (Fo	r Internal U	se)		
Cand	idate Asses	sment I	nfor	mation			
Position Title:		Candid	ate Name	:			
Hiring Manager:			ew Date:	-			
Facto				Ratin	g		
Facto	<b>'I</b>	Not	a fit			Fit	
Knowledge, Skills, And abilities requ	ired by the job.	1	2	3	4	5	
Communicate at an appropriate leve		1	2	3	4	5	
Work history suitable for the positio	Work history suitable for the position.				4	5	
Educational background suitable for	the position.	1	2	3	4	5	
Candidate's personality fits with cult	ture.	1	2	3	4	5	
Core Skills (Please mention):	1	2	3	4	5		
Others:	1	2	3	4	5		
Overall Assessment :	1	2	3	4	5		
Hire recommendation : Ye	s No						
Comments:							
Table de la Marca (Cons.)		l p iv.					
Introducer Name (if any):		Positio	n:				
	SUCCESSFU	L EMPLOYM	1ENT				
Date of Offer of Employment:		Candidate Ac Employment:	idate Acceptance of byment:			Yes   No	
Date of Acceptance of Employment:		Type of Empl	oyment:				
Commencement Date:		Probation:	tion:				
Job Title & Job Grade:		Department:	tment:				
Reporting to:		Location:					
Basic Salary:		Allowance Ty	ance Type (if any):				
Adjustment of basic salary upon confirm	nation (if any):	1					
Processed By:	Verified By:			Approved By:			
Name (Signature):	Name (Signature):		Name (Signature):				
Position:	Position:HR MANAGE	ΟU	Position: JOVELYN LAI   EXECUTIVE DIRECTOR				
Date:	Date:		Date:				
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