EMPLOYMENT APPLICATION FORM



INSTRUCTIONS

- 1 Kindly complete the form fully and accurately.
- 2 All information provided will be kept in strictest confidence.
- 3 Completion of the application form does NOT guarantee employment.

PART I (to be compl	leted by applicant)					
Post Applied For	:						
Expected Salary	:					Affix passport size	
Telephone Contact	: H/P :	O	ff :			photograph here	
E-mail	:						
Application Date	:						
		PERSONA	AL PARTI	CULAF	RS		
Name :							
NRIC No :		(new)		(old) Color:			
			Date :				
Gender: Male (Fema	ıle (Hei	ght :	(cm) Weigh	t :(kg)	
Marital Status :	Single	Married [Divorced	Widow /	(er)		
				Religion :			
Residence Addre	ess :						
			Telephone	e Number	•		
						x No :	
Dank			. Account No				
		A	CADEMIC	,			
		SECO	IDARY SCH	OOL			
NAME AND ADDF	RESS OF SC	HOOL	PERIOD	from	to	ACHIEVEMENT	
		TERTIA	RY EDUCAT	TION			
UNIVERSITY / IN:	STITUTE / C	OLLEGE	PERIOD	from	to	ACHIEVEMENT	

	WORKING	EXPERIEN	ICE	
EMPLOYER	DESIGNATION	PERIOD	JOB SPECIFICATION	SALARY
1.				
Reason of Leaving :				
2.				
Reason of Leaving:				
3.				
Reason of Leaving:				
4.				
Reason of Leaving :				
5.				
Reason of Leaving :			,	
6.				
Reason of Leaving :				
	GENERAL II	NFORMATI	ION	
	Spoke	n	Written	
English	Fluent Fair		Fluent Fair	
	Fluent Fair) Poor ()	Fluent Fair) Poor (
) Poor (
Others	rident O Fall C) 1001	Fluent () Fair ()) P001 (
1. Adequate understanding of w	ritten and spoken E	nglish	Yes C) No 🔾
2. Ability to understand instruction	ons in English		Yes C) No 🔘
3. Willing to accept different / otl	ner position than ap	plied?	Yes C) No 🔘
4. What skills or qualification do	you have?			
5. List any physical disability or	•			
6. Have you ever been convicted				lo. If YES,
Please indicate date and offence	es			
7. Do you know anyone in Inai k				

Name : Occupation :

Period Acquainted :(year) Relation :

8. Do you have any comment (s) to support your application?

Name: C	Occupation :
Period Acquainted :(year) Relation :	
Name : C	Occupation :
Period Acquainted :(year) Relation :	Tel No :
Declaration	
I hereby confirm that the above information given i	s correct. I understand that if it is subsequently
disclosed that I have willfully given false information	or withheld any information which may act to my
disadvantages, my application will be disqualified,	or if I have been appointed, the Company may
terminate my service without due notice. I authorise	e investigation of all statements contained in this
application on my qualifications and past working ex	periences if I am considered for employment.
Date : S	ignature :
P/S: Please attach all copy of supporting documents in support to your	application
FOR OFFICE Head of Department / Division.	USE ONLY
	Date of interview :
Interviewed by:	Date To Commence :
Recommended Salary : RM	Allowance (s) - (if any) : RM
	Allowance (s) - (if any) : RM
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Signature