



MTD GROUP

APPLICATION FOR EMPLOYMENT FORM BORANG PERMOHONAN KERJA

POSITION APPLIED FOR : <i>Jawatan yang dipohon</i>
EXPECTED SALARY : <i>Gaji dipohon</i>
DATE OF COMMENCEMENT : <i>Tarikh Mula Kerja</i>

ATTACH
CURRENT
PASSPORT-SIZED
PHOTOGRAPH

PERSONAL PARTICULARS *Butir-butir Peribadi*

FULL NAME : <i>Nama Penuh</i>	GENDER : Male / Female <i>Jantina Lelaki / Perempuan</i>	
HOME ADDRESS : <i>Alamat Kediaman</i>	TELEPHONE / MOBILE NO.: <i>No. Telefon Rumah / Telefon Bimbit</i>	
OFFICE ADDRESS : <i>Alamat Tempat Kerja</i>	TELEPHONE NO.: <i>No. Telefon Pejabat</i>	
NRIC No. : <i>No. Kad Pengenalan</i>	PASSPORT NO. : <i>No. Pasport</i>	
PLACE OF BIRTH : <i>Tempat Lahir</i>	DATE OF BIRTH : <i>Tarikh Lahir</i>	
MARITAL STATUS : SINGLE / MARRIED / DIVORCED <i>Status Perkahwinan Bujang / Kahwin / Berceraai</i>	AGE : <i>Umur</i>	
CITIZENSHIP : <i>Warganegara</i>	RACE : <i>Bangsa</i>	RELIGION : <i>Agama</i>
INCOME TAX NO. : <i>No Cukai Pendapatan</i>	EPF NO. : <i>No. KWSP</i>	SOCSSO NO. : <i>No. Perkeso.</i>

LANGUAGE PROFICIENCY <i>Kemahiran Berbahasa</i>	SPOKEN <i>Pertuturan</i>			WRITTEN <i>Penulisan</i>		
	GOOD <i>Fasih</i>	FAIR <i>Sederhana</i>	POOR <i>Lemah</i>	GOOD <i>Fasih</i>	FAIR <i>Sederhana</i>	POOR <i>Lemah</i>
1. Bahasa Malaysia						
2. English						
3. Mandarin						
4. Tamil						
5. Others						



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FAMILY PARTICULARS

Butir-butir Keluarga

SPOUSE'S FULL NAME : <i>Nama Penuh Pasangan</i>		NRIC No. : <i>No. KP</i>
OCCUPATION : <i>Pekerjaan</i>		LENGTH OF SERVICE : <i>Tempoh Perkhidmatan</i>
OFFICE ADDRESS : <i>Alamat Tempat Kerja</i>		TELEPHONE / MOBILE NO.: <i>No. Telefon Pejabat / Telefon Bimbit</i>

NUMBER OF CHILDREN : <i>Bilangan Anak</i>		NUMBER OF DEPENDENT CHILDREN : <i>Bilangan Anak yang masih di dalam tanggungan</i>		
No Bil	NAME Nama	DATE OF BIRTH Tarikh Lahir	AGE Umur	SCHOOL/EDUCATION Sekolah/Pendidikan

FATHER'S FULL NAME : <i>Nama Penuh Bapa</i>	OCCUPATION : <i>Pekerjaan</i>
MOTHER'S FULL NAME : <i>Nama Penuh Ibu</i>	OCCUPATION : <i>Pekerjaan</i>

NUMBER OF BROTHERS & SISTERS <i>Bilangan Adik-beradik</i>				
No Bil	NAME Nama	OCCUPATION <i>Pekerjaan</i>	AGE Umur	COMPANY'S NAME <i>Nama Syarikat</i>

IN CASE OF EMERGENCY, NAME OF PERSON TO CONTACT <i>Dalam kecemasan, nama yang patut dihubungi</i>	RELATIONSHIP <i>Hubungan</i>	TELEPHONE NO. <i>No. Telefon Pejabat/Rumah</i>
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DO YOU HAVE ANY FRIEND/RELATIVES WORKING IN MTD GROUP OF COMPANIES. YES/NO, IF YES, PLEASE SPECIFY. <i>Adakah anda mempunyai kawan/saudara bekerja di Mtd Group of Companies. Ya/Tidak, Jika Ya, nyatakan nama dan syarikat/jabatan.</i>



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EDUCATION AND PROFESSIONAL QUALIFICATIONS

Butir-butir Pendidikan dan kelayakan Professional

LIST IN ORDER BEGINNING FROM LATEST QUALIFICATION OBTAINED

Senarai mengikut susunan bermula dari kelulusan yang terakhir diperolehi

NAME OF SCHOOL OR INSTITUTION <i>Nama Sekolah atau Institusi</i>	CERT./DIPLOMA/DEGREE OBTAINED <i>Sijil/Diploma/Ijazah Diperolehi</i>	YEAR OF GRADUATION <i>Tahun Tamat</i>

Note (*): Attached Copies of Certificates, Testimonial etc. *Sila lampirkan Sijil, Testimonial sebagainya.*

EMPLOYMENT HISTORY

Pengalaman Pekerjaan

PRESENT/LAST EMPLOYMENT

Pekerjaan Terkini/Terakhir

NAME OF COMPANY :

Nama Syarikat

DESIGNATION :

Jawatan

REPORTING TO :

Melapor kepada

DATE JOINED :

Tarikh Mula Bekerja

DATE LEFT :

Tarikh Akhir Bekerja

BRIEF JOB DESCRIPTION :

Tugas dan tanggungjawab

PRESENT SALARY :

Gaji Semasa

OTHER BENEFITS:

Manfaat Sampingan

LIST ALL PREVIOUS EMPLOYMENT HISTORY

Senarai Rekod Pekerjaan Terdahulu

NAME & ADDRESS OF COMPANY <i>Nama & Alamat Syarikat</i>	DESIGNATION <i>Jawatan</i>	DATE JOINED <i>Tarikh Mula</i>	DATE LEFT <i>Tarikh Akhir</i>	LAST DRAWN <i>Gaji Terakhir</i>	REASON FOR LEAVING <i>Sebab Berhenti</i>



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APPLICATION FOR EMPLOYMENT FORM BORANG PERMOHONAN KERJA

HAVE YOU BEEN OR SUFFERING FROM ANY SERIOUS ILLNESS? YES/NO, IF YES, PLEASE STATE EXACT DETAILS:
Adakah anda pernah atau menghidapi sebarang penyakit serius? Ya/Tidak, Jika Ya, nyatakan dengan lebih lanjut.

PLEASE STATE ANY PHYSICAL DISABILITIES? YES/NO, IF YES, PLEASE SPECIFY
Nyatakan sebarang hilang keupayaan fizikal? Ya/Tidak, Jika Ya, nyatakan dengan lebih lanjut.

HAVE YOU EVER BEEN DIAGNOSED WITH A PSYCHOLOGICAL, PSYCHIATRIC, OR OTHER MENTAL HEALTH RELATED PROBLEM? Adakah anda pernah mengalami masalah psikologi, psikiatri atau lain-lain masalah mental?

HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENCE? YES/NO, IF YES, PLEASE STATE THE OFFENCE(S):
Adakah anda pernah didakwa dan dikaitkan dengan kesalahan jenayah? Ya/Tidak, Jika Ya, nyatakan dengan lebih lanjut.

REFERENCES (OTHER THAN RELATIVES)

Rujukan (Selain dari Saudara)

NAME AND ADDRESS <i>Nama dan Alamat</i>	TELEPHONE NO. <i>No. Telefon</i>	OCCUPATION <i>Pekerjaan</i>	YEARS KNOWN <i>Lama Perkenalan</i>

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT ANY MISINTERPRETATION OF FACTS OF FALSE INFORMATION GIVEN HEREIN WILL BE SUFFICIENT CAUSE FOR DISMISSAL FROM THE COMPANY'S SERVICE IF I HAVE BEEN EMPLOYED.
Saya mengakui bahawa maklumat yang diberi adalah betul dan benar dan sekiranya didapati maklumat yang diberi adalah salah, Pihak Majikan boleh menamatkan perkhidmatan saya, jika telah diambil bekerja.

SIGNATURE OF APPLICANT:
Tandatangan Pemohon

DATE:
Tarikh

FOR OFFICE USE

Bagi Kegunaan Pejabat

INTERVIEWED BY: _____

DATE : _____

*TO BE EMPLOYED/NOT TO BE EMPLOYED:

COMPANY/DEPARTMENT : _____
JOB TITLE : _____
DATE OF COMMENCEMENT : _____

LOCATION : _____
JOB GRADE : _____
SALARY : RM _____

RECOMMENDED BY

REVIEWED BY

APPROVED BY

SIGNATURE : _____

SIGNATURE : _____

SIGNATURE : _____

NAME : _____

NAME : _____

NAME : _____

DATE : _____

DATE : _____

DATE : _____