

## THE SUNWAY GROUP APPLICATION FOR EMPLOYMENT



AFFIX RECENT PHOTOGRAPH

(Please write your name at the back)

| 1. Please write in block letters. Tick | (√ | ) in the appropriate boxes |
|--|----|----------------------------|
|--|----|----------------------------|

- 2. No space should be left blank. If it is not applicable, write  $^{\prime}$  NA  $^{\prime}$  or  $^{\prime}$  NIL  $^{\prime}$
- 3. Copies of NRIC, certificates, testimonials, past 3 months pay slips should be attached to the form

| 3. Copies of NNIC, certificates, testimorilais, past 3 fr   | ionins pay siips should b         | e attached to the form.                                  |   |
|---|-----------------------------------|--|---|
| POSITION APPLIED FOR:   |                                   |  |   |
| How did you come to know of this vacancy?   |                                   |  |   |
| The Sunway Group Website  | Walk/ Write-in                    | Newspaper/Magazine (please specify:)                     | FOR OFFICE USE ONLY                                       |
| Jobstreet/ Linkedin/ Other Online Source  | Career Fair/ Talk                 | Search Agent/ Employment Agency Professional Association | RECOMMENDATION:   |
| Friends/ Relatives from The Sunway Group  | Others (please spe                | ecify:)  | MAKE AN OFFER   |
| Have you previously applied for a job in The Sunw If yes, please indicate Co: Position :  | ay Group?                         | YesNo  | K.I.V   |
| Reason(s) for leaving:  |                                   |  | CHECKLIST:  Copy of NRIC  CV  Last 3 mths Pay Slips  CIDB |
| A. PERSONAL PARTICULARS  NRIC NO. (NEW)  Please indicate if you are a Permanent Resident of Management Resident Resident of Management Resident | alavsia                           | PASSPORT NO.  PASSPORT COUNTRY  PLACE OF ISSUE           | CIDB Cert(s)  M B D C SPM/PMR  MBB eSR FBI / HBRI         |
| Yes, PR Effective Date:   | -                                 | EXPIRY DATE (DD-MM-YYYY)  -                              | Propose Med Chk Up Date                                   |
| NAME AS PER NRIC/ PASSPORT (Mr./ Ms./ Others:  Please indicate: FIRST NAME (GIVEN NAME)  PERMANENT ADDRESS  |                                   | MILY NAME)   | OL Place MBB Others                                       |
| POSTAL CODE  CORRESPONDENCE ADDRESS (If different from Pr   | STATE  COUNTRY  ermanent Address) | TEL (HOUSE)  |   |
| CITY  POSTAL CODE  EMAIL ADDRESS  | STATE                             | TEL (HOUSE)  TEL (OFFICE)                                |   |
| PLACE OF BIRTH (TOWN / STATE)  GENDER MALE FEMALE AGE   |                                   | Yes No RELIGION DATE OF BIRTH (DD-MM-YYYY)               |   |
| GENDER MALE FEMALE AGE  | MARITAL STATUS:                   | Single Married Others, please state:                     |   |

| 1. Have you beer                                 | n convicted of a crimina                 | I offence in a co | urt of law incli | uding traff | ic offence               | e or declared a bar             | nkrupt?                       | es           | No              |  |             |
|--|--|-------------------|------------------|-------------|--------------------------|---------------------------------|-------------------------------|--------------|-----------------|--|-------------|
| If <b>yes</b> , please                           | provide details                          |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| 2. Are you curren                                | ntly involved in any IR c                | ases in your con  | npany, Ministr   | y of Indus  | trial Rela               | tions/Human Resc                | ources and the Industrial C   | · ·          | No              |  |             |
| If <b>yes</b> , please                           | provide details                          |                   |                  |             |                          |                                 | _                             |              |                 |  |             |
| If <b>yes</b> , please                           | ny relatives working in provide details  |                   | oup?  Position:  |             |                          | Co:                             | ☐ Y<br>Relationsh             | es           | No              |  |             |
|  |  |                   |                  | -           |                          |                                 |                               |              | 7 <sub>N-</sub> |  |             |
| 4. Do you hold a  If <b>yes</b> , please  Car    | =  | Lorry/ Van        | State Clas       | ss:         |                          | _                               | ∐Y.                           | es           | No              |  |             |
| 5. Sports/ Hobbie                                | es/ Interests                            |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| 6. Physical disab                                | ilites                                   | Yes, 0            | OKU Ref No:      |             | No                       |                                 |                               |              |                 |  |             |
| Major illness s                                  | suffered since birth                     | Yes               |                  |             | No                       |                                 |                               |              |                 |  |             |
| Surgery/ Hosp                                    | oitalisation<br>of above, please provide | Yes e details     |                  |             | No                       |                                 |                               |              |                 |  |             |
| 7. Are you pregna                                | ant?                                     | Yes               |                  |             | No                       |                                 |                               |              |                 |  |             |
| 8. Other informat                                | ion which is important t                 | o you and to us:  | aims, ambitic    | ons, specia | al aptitud               | e etc.                          |                               |              |                 |  |             |
| B. EDUCATION                                     | ON AND TRAININ                           | IG                |                  |             |                          |                                 |                               |              |                 |  |             |
| Type of  | Name of Institution                      | Country           | Durati<br>From   | ion<br>To   | Gradua<br>ted            | Qualification<br>Level (Degree, | Qualification Name            | Field        | of Study        | Result<br>(eg. CGPA,                           | Highes Qual |
| Institution                                      | Traine of montation                      | Country           | (Year)           | (Year)      | Y/N                      | Diploma, Cert)                  | Qualification Name            | Major        | Minor           | GPA)   | Y/N         |
| Secondary<br>School (last<br>attended)           |  |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| Vocational<br>School &<br>Technical<br>Institute |  |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| College or<br>University                         |  |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| Training Courses attended / Currently Pursuing   |  |                   |                  |             |                          |                                 |                               |              |                 |  |             |
|  | evements And Activitie                   |                   | s; membership    | in acade    | mic hono                 | rary societies; par             | ticipation or offices held in | extra-curric | ular activitie  | s you consider                                 |             |
|  |  |                   |                  |             |                          |                                 |                               |              |                 |  |             |
| C. LANGUAC  Bahasa Malaysia  English             | GE/ DIALECTS                             | _                 | Written          |             | - <u>-</u>               | Proficiency<br>Read             | •                             | poken        |                 | Rate Proficier 1. Beginner 2. Intermedia       |             |
|  |  |                   |                  |             | - <u>-</u><br>- <u>-</u> |                                 |                               |              |                 | <ol> <li>Proficient</li> <li>Native</li> </ol> |             |

| D. PRESEN  | TEMPLOYM   | ENT RECORD   |  |   |   |                                      |                                      |                                     |  |                      |         |
|--|--|--|--|---|---|--------------------------------------|--------------------------------------|-------------------------------------|--|----------------------|---------|
| Present Employ   | /er :  |  |  |   |   |                                      |                                      |                                     | Date Joined  | :                    |         |
| Address  | :  |  |  |   |   |                                      |                                      |                                     | <u> </u>   |                      |         |
| Nature of Busin  | ess :  |  |  |   |   |                                      |                                      |                                     | No. of employees   | :                    |         |
| Commencing Po  | osition  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
| Job Title  |  |  |  |   |   |                                      |                                      |                                     | Basic Salary (RM)  | : <u></u>            |         |
| Reporting to (Po   | osition) :   |  |  |   |   |                                      |                                      |                                     | Allowance (RM)   | :                    |         |
| Current Position   | า  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
| Job Title  | :  |  |  |   |   |                                      |                                      |                                     | Basic Salary (RM)  | :                    |         |
| Reporting to (Po   |  |  |  |   |   |                                      |                                      |                                     | Allowance (RM)   | :                    |         |
| Key Responsibi   | ities :  |  |  |   |   |                                      |                                      |                                     | Last Bonus   | :                    | (Mths)  |
|  |  |  |  |   |   |                                      |                                      |                                     | No. Of Staff Superv  | ised :               |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
| Reason(s) for w  | anting to leave:   |  |  |   |   |                                      |                                      |                                     |  |                      |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      | _       |
| E. PAST EN   | MPLOYMENT  | RECORD   |  |   | t and i   |                                      |                                      | eriod i                             | n which you were not emplo                                       | oyed                 |         |
| Name of Em   | ployer   | Last Position held   | Salary (   | (RM)  | loi   | Da<br>ned                            | te<br>Le                             | ft                                  | Reason(s) for lea  | avina                |         |
| Name of Lin  | ployer   | Last i osition neid  | Commencing   | Last Drawn  |   |                                      | M M                                  |                                     | reason(s) for ice  | wing                 |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      | 1       |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      | _       |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
|  | ntact now, you ma  | ne. Contact Person:  |  |   |   |                                      |                                      |                                     |  | . No:                |         |
| List two (2) refe  Salutation (Mr/Ms/Prof)   | rees whom we ma  | ay approach for reference. Ro  | eferees should not be Occupation   |   |   | /.<br>Addre                          | ess                                  |                                     | Tel No.  | Years Known          | ]       |
| 1  | 1  |  |  |   |   |                                      |                                      |                                     |  |                      | -       |
|  |  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
| 2  | 2  |  |  |   |   |                                      |                                      |                                     |  |                      |         |
| State mininum s  | <u> </u>   |  | ring interview if desire   | ed)   |   |                                      |                                      | _ ·                                 |  |                      |         |
|  |  | notion given by me in this for   | m is correct and true  | to the best of my   | len quele   | daa                                  |                                      |                                     |  |                      |         |
| I have read to for which my I hereby give I also hereby I consent to a me for the put I fully unders | the Personal Data<br>r personal data is of<br>e consent to Sunwar<br>warrant that I have<br>any educational in<br>urpose of Sunway | nation given by me in this for<br>Protection Notice provided be<br>collected/ processed and clar<br>ay to process my personal day<br>we obtained all necessary con<br>stitution at which I have prev<br>verifying my grades and/or con | by Sunway pursuant to<br>sses of third parties to<br>ata in accordance with<br>insent from the third particusty been a student<br>qualifications and expenses. | o section 7 of Per<br>b whom Sunway in<br>the Personal Da<br>arty where I have<br>and/or my current<br>erience. | sonal [<br>may dis<br>ata Pro<br>provid<br>nt or ar | Data Pactorse tection ed the ay past | my pe<br>Notice<br>ir perse<br>emplo | rsonal<br>e.<br>onal in<br>oyer, pr | data to.  formation as part of my approviding Sunway with inform | lication.            |         |
| ļ.   | stand and accept to<br>ent forthwith.  | hat if at any time after engag   | ement, it is found that  | a false declarati   | on nas  | been i                               | maue i                               | in this t                           | omi, the employer has the a                                      | absolute right to te | rminate |

## FOR OFFICE USE ONLY

|                            |   | T                    |                      |                          |                       |
|----------------------------|---|----------------------|----------------------|--------------------------|-----------------------|
| □ New Position             | □ Replacement                                       |                      |                      |                          |                       |
|                            | Position ID :                                       | Commencing salary    | y: RM                |                          | per month             |
| Commercial Title           | i   |                      |                      |                          |                       |
| Corporate Title            | :   |                      |                      |                          |                       |
| □ Executive Grade          | □ Non-executive Grade                               | 01110 D              | 1.2                  | B 41: 4                  | 1                     |
|                            |   | SWG Range            | <u>High</u>          | <u>Mid</u>               | <u>Low</u>            |
| Date of Commencement :     |   |                      | RM :                 | RM :                     | RM :                  |
| Bate of Commencement .     |   |                      |                      |                          |                       |
| Employment Type:           |   |                      |                      |                          |                       |
| □ Permanent                | □ Contract  | Type of Allowances   | S:                   |                          |                       |
|                            | Duration : Month(s)                                 |                      |                      |                          |                       |
| □ Internship               |   | l                    |                      |                          |                       |
| Duration :                 | Month(s)  | Car                  |                      | RM :                     |                       |
| Entity                     | :   | Site                 |                      | RM :                     |                       |
| Statutory Entity           | <b>:</b>  | Motorcycle           |                      | RM :                     |                       |
| Division                   | :   | Others, Pleas        | se specify           | RM :                     |                       |
| Department                 | :   |                      |                      |                          |                       |
|                            | :   | Probationary period  |                      | month                    | S                     |
| Cost Center                | :   | Annual leave entitle | ement:               |                          |                       |
| Subcost Center             | :   | Working Hours:       |                      |                          |                       |
| Location                   | :   | Working days:        |                      |                          |                       |
| OT Category                | :   | Public holiday entit | lement:              |                          |                       |
| Shift Group                | <b>:</b>  |                      |                      |                          |                       |
| Reporting to               | :   |                      |                      |                          |                       |
|                            | (Name)  |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
|                            | (Position ID)                                       |                      |                      |                          |                       |
| Defended Object (comme     | January (an EQE O all anns)                         | F 0W0 F - 0/- "      |                      | and the state of         |                       |
| Reference Check (compu     |   | For SWG Ex-Staff     | company's reasor     | ns for leaving:          |                       |
| Conducted: Yes             | ∐No Data :  |                      |                      |                          |                       |
| Conducted by :             | Date :  |                      |                      |                          |                       |
| Focused Behavioural Inte   | erview (compulsory for EG5 & above; and HR          | Documents to be      | attached for gener   | rating of Offer of Emplo | yment letter          |
| Executives & above)        |   | Approved and va      | alid SR              |                          |                       |
| Conducted: Yes             | No  | Job Description      |                      |                          |                       |
| Conducted by :             | Date :  | Application lette    | r / resume           |                          |                       |
| · .                        |   | Interview Assess     | sment form           |                          |                       |
| Note:                      |   | Psychometric Te      | est ( Complete with  | Job Profile )            |                       |
| All Reference Check and    | FBI documents must be attached and kept in Personal | Reference Chec       | k documents (comp    | oulsory for EG5/Manager  | and above)            |
|                            | nce Check & FBI policies.                           | Focused Behavi       | oural Interview repo | ort (for EG5/Manager, HF | R Executives & above) |
|                            |   | Copy of NRIC         |                      |                          |                       |
|                            |   | Certificates & te    | stimonials           |                          |                       |
|                            |   | Last pay slip        |                      |                          |                       |
| Name & Signature of Interv | viewer 1 Name & Signature of Interviewer 2          | Bank passbook        | with the bank accou  | unt no                   |                       |
| Date:                      | Date:   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
| Name & Signature of SHR    |   |                      |                      |                          |                       |
| Date:                      |   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
|                            |   |                      |                      |                          |                       |
| APPROVAL FOR EN            | MPLOYMENT   |                      |                      |                          |                       |

|           | Name | Position | Signature | Date |
|-----------|------|----------|-----------|------|
| Dept Head |      |          |           |      |
| HR Head*  |      |          |           |      |
| PCM       |      |          |           |      |

<sup>\*</sup> where applicable