

# JOB APPLICATION FORM

NOTE : All spaces MUST be completed. If not applicable please state 'N/A'.



## POSITION

Position Applied For	
Nature of Employment	Permanent / Internship
When are you available to start work?	

## PERSONAL INFORMATION

Name as in NRIC		Alias/ Preferred Name	
National Registration Identity Card (NRIC) No.		Personal Email Address	
Contact Number		Date & place of birth	
Race		Gender	
Religion		Nationality	
Permanent residential address		Correspondence address	
Marital Status		Bank details	
Employee Provident Fund (EPF) No.		SOCSSO No.	
Income Tax/ LHDN No.			

## EMPLOYMENT ELIGIBILITY

Do you object if you are required to travel in the course of your duties, if necessary?	Yes/ No.
Do you object to working long hours, if necessary?	Yes/ No.
Present employee(s) of our company whom you know and the relationship	
How many times did you fall ill over the past year? <i>(i.e: cold, fever, diarrhoea, headache &amp; other illnesses)</i>	
Have you had any serious illness?	Yes / No. If yes, please describe:
Any physical disabilities you may have?	Yes / No. If yes, please describe:
What medication are you currently on <i>(if any)</i> ?	
Have you ever been convicted in any court of law?	Yes / No. If yes, please describe:

Have you ever been detained under the provisions of any written law?	Yes / No. If yes, please describe:
Have you ever been declared bankrupt or has any other order been made against you under the bankruptcy ordinance?	Yes / No. If yes, please describe:
Salary/benefits expected	
Have you have any active interest in any other business undertaking?	Yes/ No.
Have you applied on any previous occasion for employment with this Company?	Yes/ No.
Give your reasons for applying for the position	

### **ACADEMIC QUALIFICATIONS**

(Please attach photocopy of documentary proof for each stage)

Name of school attended	Period (From - To)	Qualitification
College / University / Professional Bodies	Period (From - To)	Qualitification

Presently, are you pursuing any education courses/further studies? Yes / No. If yes, please give details:

### **LANGUAGES**

Languages	Spoken	Written
English	Fluent / Intermediate / Weak	Fluent / Intermediate / Weak
Malay	Fluent / Intermediate / Weak	Fluent / Intermediate / Weak
Chinese	Fluent / Intermediate / Weak	Fluent / Intermediate / Weak
Other	Fluent / Intermediate / Weak	Fluent / Intermediate / Weak

**Extra Curricular activities**

Name of society / Club / Organisation	Position Held	Details / Remark
Hobbies and Interests :		

**EMPLOYMENT HISTORY**

(In reverse order)

From	To	Company	Position and monthly salary on leaving	Reason for leaving
Do you object to us contacting any of your present / previous employers?      Yes / No				

**REFERENCE**

Please nominate 2 referees whom we may approach.

Name	Position	Company	Contact

**FAMILY INFORMATION**

Parents and Siblings

Full Name	Age	Gender	Relationship	Occupation

Spouse and Children (if married)

Full Name of Wife/ Husband	
Spouse's Occupation	
Spouse's Current Employer	
Duration for spouse's employment in current company	
Name & Age of each child below 18 years old:	

**EMERGENCY CONTACT**

Emergency Contact Person - Full Name	
Emergency Contact Person - Relationship	
Emergency Contact Person - Contact	Residence/Office:
	Mobile:

Note: Any personal data provided under this form will be processed only for the purposes of the employment/proposed employment with the Company in accordance with the Personal Data Protection Act 2010 as well as all other applicable laws on personal data protection.

**DECLARATION**

I hereby declare that the information given by me in this application for employment is true to the best of my knowledge, information and belief. I further declare that I have disclosed all the information required to be given in this application and have not withheld any relevant information about myself. This declaration shall, if I am employed by the Company, constitute an integral part of any contract of service between the Company and myself. I agree and accept that if this declaration is in any part false or incorrect, the Company shall be at liberty to terminate my services at any time without advance notice.

Signature \_\_\_\_\_

Name

Date