**JOB APPLICATION FORM**

NON-RETURNABLE PHOTO

Note :

1. Please complete in Block Letters.
2. All questions MUST be answered.
3. Copy of IC, Passport, Photo and other documents to be enclosed.

|  |
| --- |
| Post Applied For : |
|  |

1. **PERSONAL DATA**

|  |  |
| --- | --- |
| Full Name : |  |
| Date of Birth : |  | Place of Birth :  |  | Nationality : |  |
| IC No / Colour : |  | Driving License (Class) :  |  |
| Passport No :  |  | Passport Expiry Date : |  |
| Race / Religion : |  | Marital Status : |  |

|  |  |
| --- | --- |
| Resident Address : |  |
| Tel No (Resident) : |  | H/P : |  |
| Email Address : |  |

1. **FAMILY PARTICULARS
*If married – please state particulars of spouse and children. If single – state parents and brothers/sisters.***

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Age | Occupation |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

1. **LANGUAGE PROFICIENCY : State GOOD (G) , FLUENT (F) , POOR (P)**

|  |  |  |
| --- | --- | --- |
| Language | WRITTEN | SPOKEN |
| ENGLISH |  |  |
| MALAY |  |  |
| Other Dialects : |  |  |  |

1. **EDUCATION & TRAINING**

|  |  |  |
| --- | --- | --- |
| School / College / University | Years | Highest Standard Passed |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Special Skills or Training : |  |
|  |
|  |
|  |

1. **EMPLOYMENT HISTORY :
*Please state all working experience starting from present work backward***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Company Name | Position | Last Salary | Reason for Leaving |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. **CHARACTER REFERENCE
*Please give the names and addresses to whom you are not related***

|  |  |  |
| --- | --- | --- |
| Name | Occupation | Address |
|  |  |  |
|  |  |  |
|  |  |  |

1. **COMPUTER SKILL**

|  |  |  |
| --- | --- | --- |
| Knowledge of Use of Personal Computer : | Yes | No |
| Please specify : |  |

1. **OTHER INFORMATIONS**

|  |  |
| --- | --- |
| a. | Are you suffering or have suffered from any major illness or disability (Yes / No). If Yes, please explain. |
|  |  |
| b. | Have you been convicted for any crime ? (Yes / No). If Yes, please explain. |
|  |  |
| c. | Have or had you any undesirable habits, such as excessive alcohol, drug addiction or gambling? (Yes / No) |
|  |  |
| d. | Do you agree we contact your previous employers for reference ? (Yes / No) |
|  |  |
| e. | Date available for employment :  |  |
| f. | Salary Expected : | **BND** |  | **(Per Working Day / Per Month)** |

1. **DECLARATION**

I hereby declare that all the information given by me in this application is to the best of my knowledge true and correct. I also declare that I have not withheld any information that may relevant to your decision to offer me an employment in the Company. I fully agree that my service may at discretion of the Company be terminated if any part of this declaration is false.

…………………………………

Signature of Applicant

|  |  |
| --- | --- |
| Date : |  |

***NOTE : This Application Form and any attachment are not returnable. The Company is also not obliged respond to all applicants. Only shortlisted candidates shall be notified.***

|  |
| --- |
| *For Office Use**To be fill in by Interviewer* |
| *Training Needs* |
|  |
| *Background Check (via Phone / Testimonials / Feedback from Reference)* |
|  |