



APPLICATION FOR EMPLOYMENT

APPLICATION FOR EMPLOYMENT CHECKLIST

The following documents are to be submitted together with Application Form:

No	Descriptions	Tick (√)	HR Verification	Remark
1.	Passport Photo			
2.	Complete Application Form			
3.	Updated Resume / CV			
4.	Academic Certificates (SPM/STPM/Diploma/Degree/Master/PhD)			
5.	Transcripts / Result Slips			
6.	Professional Certificates / Competency Certificates (if any)			
7.	Latest 3 Months Pay Slip			

Submitted by

.....

Signature

Name:

Date:



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR

PERSONAL INFORMATION

SURNAME		OTHER NAME					
PRESENT ADDRESS							
TELEPHONE	NATIONALITY	I/C NO:					
DATE OF BIRTH:	AGE:	RACE		HEIGHT:	cm		
				WEIGHT:	kg		
SEX:	MARITAL STATUS:	RELIGION:					
SPOUSE NAME:	OCCUPATION:	OFFICE TEL:		HOUSE TEL:			
NO. OF CHILDREN (KINDLY PROVIDE NAME,GENDER & AGE) BELOW:							
NAME OF CHILDRENS		GENDER			AGE		
1.		1.		1.			
2.		2.		2.			
3.		3.		3.			
4.		4.		4.			
5.		5.		5.			
6.		6.		6.			
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THIS COMPANY? IF 'YES', PLEASE STATE NAME/S							
HAVE YOU EVER BEEN CONVICTED, AND/OR CURRENTLY INVOLVED IN ANY PROCEEDINGS IN A COURT OF LAW? IF 'YES', PROVIDE DETAILS							
DO YOU OR ANY OF YOUR FAMILY MEMBERS HAVE ANY PHYSICAL LIMITATIONS, HANDICAPS OR HEALTH PROBLEM? IF 'YES', PLEASE PROVIDE AN EXPLANATION. KINDLY COMPLETE THE ATTACHED HEALTH DECLARATION FORM.							
LANGUAGE & DIALECTS	SPOKEN			WRITTEN			SALARY DESIRED
	GOOD	FAIR	POOR	GOOD	FAIR	POOR	
1. BAHASA MALAYSIA							DATE AVAILABLE FOR EMPLOYMENT
2. ENGLISH							
3.							
4.							
5.							

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EDUCATION BACKGROUND

NAMES OF SCHOOLS / INSTITUTIONS ATTENDED	LOCATION	DATES ATTENDED		HIGHEST STANDARD ATTAINED
		FROM	TO	
1.				
2.				
3.				
4.				

SPECIAL TRAINING, COURSES, SEMINARS, ATTENDED WHICH ARE RELATED TO THE POSITION YOU ARE SEEKING

LIST MEMBERSHIP IN PROFESSIONAL SOCIETIES, ORGANIZATIONS OR ASSOCIATIONS

CAREER RECORD

BEGINNING WITH THE MOST RECENT EMPLOYMENT AND LIST ALL THE POSITIONS HELD
PLEASE ATTACHED AN UPDATED RESUME

NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS			TELEPHONE
DATE EMPLOYED FROM TO	STARTING POSITION	CURRENT POSITION	INITIAL SALARY RM
NAME OF SUPERIOR		MAY WE CONTACT HIM / HER?	FINAL SALARY RM
REASON/S FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			

NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS			TELEPHONE
DATE EMPLOYED FROM TO	STARTING POSITION	CURRENT POSITION	INITIAL SALARY RM
NAME OF SUPERIOR		MAY WE CONTACT HIM / HER?	FINAL SALARY RM
REASON/S FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			

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CAREER RECORD

NAME OF EMPLOYER			TYPE OF BUSINESS
ADDRESS			TELEPHONE
DATE EMPLOYED FROM TO	STARTING POSITION	CURRENT POSITION	INITIAL SALARY RM
NAME OF SUPERIOR		MAY WE CONTACT HIM / HER?	FINAL SALARY RM
REASON/S FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			
NAME OF EMPLOYER			TYPE OF BUSINESS
ADDRESS			TELEPHONE
DATE EMPLOYED FROM TO	STARTING POSITION	CURRENT POSITION	INITIAL SALARY RM
NAME OF SUPERIOR		MAY WE CONTACT HIM / HER?	FINAL SALARY RM
REASON/S FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			
NAME OF EMPLOYER			TYPE OF BUSINESS
ADDRESS			TELEPHONE
DATE EMPLOYED FROM TO	STARTING POSITION	CURRENT POSITION	INITIAL SALARY RM
NAME OF SUPERIOR		MAY WE CONTACT HIM / HER?	FINAL SALARY RM
REASON/S FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			
FILL IN & EXPLAIN PERIODS OF UNEMPLOYMENT OR PERIOD NOT ACCOUNTED FOR THE ABOVE			

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REFERENCES

(EXCLUDING FAMILY MEMBERS & RELATIVES)

NAME	ADDRESS	
DESIGNATION / POSITION		TELEPHONE
NAME	ADDRESS	
DESIGNATION / POSITION		TELEPHONE

OTHER RELEVANT INFORMATION TO ASSIST IN SELECTION

HAVE YOU EVER REFERRED ANY EMPLOYMENT-RELATED MATTER TO THE LABOUR DEPARTMENT AND/OR INDUSTRIAL RELATIONS DEPARTMENT FOR SETTLEMENT OR CONCILIATION? (IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NATURE AND SUBJECT OF THE CLAIM OR DISPUTE).

DECLARATION: I hereby declare that the information given by me in this application for employment are to the best of my knowledge and belief, true and correct. I understand that if and at any time after I have been employed, it is found that false declaration, incorrect or incomplete information has been furnished in any part of this application for employment, this company reserve the right to terminate my services forthwith without notice or compensation. I further authorize investigation of all statements contained in this application for employment.

SIGNATURE

DATE

HEALTH DECLARATION FORM

This form must be completed by all job applicants. Please read carefully and provide accurate information. The information provided will be treated with strictest confidentiality and will only be used to assess your ability to perform the duties required for the role as well as to accommodate any specific needs related to your health and well-being, where applicable.

	Indicate Yes / No	If yes, please specify the individual and provide details on the ailment, diagnosis, date or year of occurrence, along with any relevant information and supporting reports
Have you or any of your family members ever been hospitalized, suffered, or are currently suffering from any disease, ailment, recurring symptoms, injury, or any other medical condition?		
Are you or any of your family members currently receiving medical treatment, taking medication, or undergoing medical follow-ups?		
Have you or any of your family members undergone or are scheduled to undergo any surgical procedure?		
How many times have you or any of your family members consulted a general practitioner or specialist in the past six (6) months?		
How many days of medical leave have you taken in the last 12 months?		
Other information you may wish to disclose, if any.		

****Family members including parents, siblings, spouse and children***

DECLARATION

I, the undersigned, declare that the information provided above is accurate and complete to the best of my knowledge. I understand that any false statement or omission may result in the rejection of my application or termination of my employment. I also consent to the Company conducting necessary medical checks, if required, to verify my health status.

Signature
Name :

Date :