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| Date: |  | Ref: |  |

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| --- | --- | --- | --- | --- |
| Position Applied: |  | Resume Attached: |  | Photo |
|  |
| Personal Data: |
| Name: |  | NRIC: |  | Age: |  |
| Address: |  |
|  | Contact No: |  |
|  |
| Date of Birth: |  | Sex: |  | Male |  | Female |
|  |
| Nationality: |  | Race: |  | Malay |  | Chinese |  | Indian |  | Others |
| EPF No. |  | SOCSO No. |  | Religion: |  |

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| Family Background: |
| Marital Status: |  | Married |  | Bachelor  | Spouse Name: |  | Occupation: |  |
| Children: |
| Name:  | Age: | Education: |
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| Father’s Name: |  | Occupation: |  |
| Mother’s Name: |  | Occupation: |  |

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| Educations / Skills: |
| Primary School Name |  | Grade Pass: |  | Year: |  |
| Secondary School Name |  | Grade Pass: |  | Year: |  |
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|  |
| Tertiary Institution | Degree / Course | Grade Pass | Period Study |
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| Skill Development | Method of Developing Skill | Skill Level | Period of Development |
|  |  |  |  |
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|  |  |  |  |
| Other Training – Institution | Program Title | Qualification | Training Durations |
|  |  |  |  |
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| Languages / Dialects: |
|  |
| € | English | € | Speaking | € 25%  | € 50% | € 75% | € 100% | € | Writing | € 25%  | € 50% | € 75% | € 100% |
| € | Malay | € | Speaking | € 25%  | € 50% | € 75% | € 100% | € | Writing | € 25%  | € 50% | € 75% | € 100% |
| € | Mandarin | € | Speaking | € 25%  | € 50% | € 75% | € 100% | € | Writing | € 25%  | € 50% | € 75% | € 100% |
| € |  | € | Speaking | € 25%  | € 50% | € 75% | € 100% | € | Writing | € 25%  | € 50% | € 75% | € 100% |
| € |  | € | Speaking | € 25%  | € 50% | € 75% | € 100% | € | Writing | € 25%  | € 50% | € 75% | € 100% |
| Working Experience |
| Employment Name | Position Held | Duration | Achievement |
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| Present Salary |  | Expected Salary |  |  |

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| Social Activities |
| Hobbies: |  |
| Sports: |  |
| Others: |  |

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| Personal Reference |
| Name | Designation / Title / Institute | Contact No | Email Address |
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| DECLARATION |
| Are you a member of any trade union? | € No | € Yes | State… |  |
| Have you any previous legal convictions?  | € No | € Yes | State… |  |
| Have you any medically confirmed physical disabilities? | € No | € Yes | State… |  |
|  |
| I, the undersigned, declare that the particulars given above are true and correct in all respect. |
|  | …………………………………………………Sign & Date |

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| Notice Period : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| OFFICE USE ONLY |
| Job application received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 The application is accepted and will be call for an interview session.🞎 The applicant’s background had been clarified with appropriate reference person as described above.🞎 The application is rejectedNote:Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| APPROVAL |
| Approved by Chief Executive Officer:Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Remarks: |