



# **JOB APPLICATION FORM**

Photograph

Position applied for: \_\_\_\_\_

Date available to start work : \_\_\_\_\_ Expected Salary: (RM) \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Identity Card/Passport No.: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ( M / F )

Religion: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Office Tel No.: \_\_\_\_\_ H/P No: \_\_\_\_\_

Email: \_\_\_\_\_

Education Qualifications				
Level	Year-Month	to Year-Month	School/University/College Attended	Qualification

Presently are you attending any course? If yes, please specify:

\_\_\_\_\_

**Language Skills**

Spoken Language: English / Malay / Mandarin /Others (please specify): \_\_\_\_\_  
 Written Language: English / Malay / Mandarin /Others (please specify): \_\_\_\_\_

Computer Skills

Please state : \_\_\_\_\_

**Medical History**

Do you suffer any illness? If yes, please specify: \_\_\_\_\_

Were you hospitalized before? If yes, why? \_\_\_\_\_

Do you have any other health problems, please specify? \_\_\_\_\_

\_\_\_\_\_

Past Working Experience				
Year-Month to Year-Month	Company Name:			Reason of Leaving
	Location:	Business Nature:		
	Designation:	Working hour:	Gross pay: (RM)	

**References**

(Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Tel) \_\_\_\_\_

(Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Tel) \_\_\_\_\_

**Declaration**

*I, \_\_\_\_\_ hereby declared that the above information given in this form and documents attached are true, correct and complete. The employer may contact any party inclusive those stated above for reference. I fully understand and accept that if at any time after employment, it is found that a false declaration has been made in this form, the employer has the right to terminate my employment at an point of time deemed fit.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**\*Note**

Please attach your Curriculum Vitae and copies of your certificate together with this form.