

EMPLOYMENT APPLICATION FORM

Please affix RECENT
passport-size
photograph

Company:

Post Applied For:

Please note:

- a. Applicant is advised to answer all questions **FULLY AND ACCURATELY**.
- b. Attach **APPENDIX** where necessary. **Tick (√)**, **underlined or circle** where applicable.
- c. Delete or put **NIL** where not applicable. A dash (-) is not accepted as an answer.
- d. Attach certified true copies of all relevant education certificates and testimonials; the original should NOT be forwarded but must be produced later if required.
- e. All information provided shall be held in strictest confidence.
- f. Completion of this form does not ensure employment.

PERSONAL PARTICULARS

Name in full (as in NRIC/Passport):		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Alias Name, if applicable:	
Permanent Address (as in NRIC/Passport):				Handphone No.:	
.....				
..... Postcode:				Tel. No. (home):	
Residential Address (Current):				Email:	
.....				
..... Postcode:	
Date of Birth:	Age:	Nationality:	Driving Licence No./Class:	New NRIC No.:	
Place of Birth:	Race:	Religion:			
SOCSSO No.:	Income Tax No.:	Car / Motorcycle Plate No.:	Bank Name:	Bank Account No.:	
EPF No.:					
Marital Status: Single / Married / Widowed / Separated / Divorced (Please circle)					

FAMILY

Father's Name :			Age:	Occupation:	
Mother's Name :			Age:	Occupation:	
Guardian's Name :			Age:	Occupation:	
Parent's/Guardian's Address :				Tel. No.:	
Name of Brothers/Sisters:	Gender:	Age:	Occupation:	Name of Firm: (if student, state school name)	

FAMILY

Spouse's Name:.....		Age:.....	NRIC No.:.....	
Spouse's Company:.....		Occupation:.....		
Handphone No.:.....	Tel No. (office):.....		Income Tax No.:.....	
Name of Children:	Gender:	Age:	Occupation:	Name of Firm / School:

EDUCATION BACKGROUND (Academic & Professional Qualifications)

School Attended:	Year	Name of School / Learning Institution	Course	Overall Grade
Primary School				
Secondary School				
Pre-University / College				
Tertiary / University				
Additional Certificate				
Professional Certificate				

(a) Are you currently pursuing any course?

Yes No

(b) If yes, state name of course

.....

(c) Which institution/university are you pursuing this course?

.....

(d) When is the completion date of this course?

.....

LANGUAGES				ACTIVITIES / INTEREST / HOBBIES	
Languages/Dialects:	Please indicate (Slight - Fair - Fluent)				
	Speak	Read	Write	i
				ii
				iii
				iv
				v

ADDITIONAL SKILLS

What software (HR, Accounts, Graphic Design, IT, etc.) / machine / equipment can you operate? Please provide type, grade and number of years of experience.

.....

.....

.....

EMPLOYMENT HISTORY

Employer and Address:	Month/Year		Position Held/Responsibilities:	Basic Salary	
	From	To		Starting Pay	Last Drawn
Reason for Leaving :					
Reason for Leaving :					
Reason for Leaving :					
Reason for Leaving :					
Reason for Leaving :					

CHARACTER REFERENCE (List 2 persons preferably ex-Superiors or ex-HR Managers)

Name:	Designation & Company:	Relationship:	Years known:	Email / Contact No.:

What is your involvement in the following? Please tick the appropriate box

- | | | | | |
|-------------|-----------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| Gambling | <input type="checkbox"/> No | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Habitual |
| Drinking | <input type="checkbox"/> No | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Habitual |
| Smoking | <input type="checkbox"/> No | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Habitual |
| Drug Taking | <input type="checkbox"/> No | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Habitual |

If Selected

Minimum expected basic salary ? RMNegotiable / Non-negotiable (Please circle)
Earliest join
Notice period required: date : Annual Leave Balance:

GENERAL QUESTIONNAIRE

- a. Do you suffer from any physical disability, chronic ailment or handicap?
- b. Are you taking any long-term medication for diabetic, asthma, etc.?
- c. Have you ever been charged in a court in law?
- d. Have you been declared a bankrupt?
- e. Are you facing any financial situation that may cause serious pecuniary embarrassment?
- f. Have you been discharged from employment for whatever reasons?
- g. Do you have relatives or friends working in Mayshowa Group? YES/NO (If yes, give details)
- h. Have you ever been employed by this Company and/or any of its subsidiaries or associate companies? YES/NO (If yes, give details)
- i. Have you ever applied to this Company or any of its subsidiaries or associate companies for employment before? YES/NO (If yes, give details)
- j. Have you been involved in any trade dispute with previous employers or made reference to the Ministry of Labour or Industrial Relations Court for a Decision/Award? YES/NO (If yes, please specify)
- k. If in debt, state nature and extent (inclusive of staff loans)
- l. Do you own a car / motorcycle with valid driving license?
- m. Are you prepared to be transferred to any branch or town?

DECLARATION

- a. I authorize this Company to secure any information regarding myself including my medical/employment records and I hereby release any person, firm or institution of all liability for any damage whatsoever issuing from such information.
- b. I hereby undertake to notify the Company immediately should the particulars supplied in this form be changed in any way in the future.
- c. I hereby agree that I will not smoke, gamble, fight, take alcoholic drinks or drugs while I am on duty and within the premises of the Company. I also hereby agree that I will not be involved in any gambling activities or take Heroin, Marijuana, Ganja, ecstasy or such like drugs, or be found in possession of them during and after working hours. Should I be found participating in the above acts, I understand that I will be liable for severe disciplinary action including that of summary dismissal.
- d. I further declare that the statements made by me in this application are true, complete and correct. A false or misleading statement will be grounds for my immediate discharge from employment with this Company.

Name in full & signature

Date:

FOR OFFICE USE ONLY

REMARKS:-
 Suitable KIV Not Suitable

RECOMMENDATION:-
It is recommended that he/she be employed on the following terms:-
Post: **Date of Commencement:**
Salary/Grade: **Allowance:**

Interviewed by:-	Interviewed by:-	Approved by:-
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date: