

PRESENT EMPLOYMENT

EMPLOYER'S NAME	:	
LOCATION	:	
POSITION HELD	:	
DUTIES (Briefly explain)	:	
PERIOD OF EMPLOYMENT	:	
CURRENT SALARY	:	
STARTING SALARY	:	
REASON FOR LEAVING	:	

PREVIOUS EMPLOYMENT

EMPLOYER'S NAME	:	
LOCATION	:	
POSITION HELD	:	
DUTIES (Briefly explain)	:	
PERIOD OF EMPLOYMENT	:	
CURRENT SALARY	:	
STARTING SALARY	:	
REASON FOR LEAVING	:	

EMPLOYER'S NAME	:	
LOCATION	:	
POSITION HELD	:	
DUTIES (Briefly explain)	:	
PERIOD OF EMPLOYMENT	:	
CURRENT SALARY	:	
STARTING SALARY	:	
REASON FOR LEAVING	:	

EMPLOYER'S NAME	:	
LOCATION	:	
POSITION HELD	:	
DUTIES (Briefly explain)	:	
PERIOD OF EMPLOYMENT	:	
CURRENT SALARY	:	
STARTING SALARY	:	
REASON FOR LEAVING	:	

If you are offered an employment, when can you commence work?

Do you have any relatives/friends/acquaintances currently working in this organization? State name.

SKILLS AND ABILITIES (TICK WHERE NECESSARY)

SKILLS & ABILITIES	PROFICIENCY LEVEL		
	BEGINNER	INTERMEDIATE	EXPERT

LANGUAGE (TICK WHERE NECESSARY)

LANGUAGE	ABILITY			PROFICIENCY LEVEL		
	READ	WRITE	SPEAK	BEGINNER	INTERMEDIATE	EXPERT

HEALTH DECLARATION (TICK ONE)

DECLARATION	YES	NO
Do you have any major illness?		
Do you have any physical disabilities or handicap?		
Do you smoke?		
<i>For female applicants</i>		
Are you currently pregnant? State month(s):		
<u>COVID-19 Vaccination Status</u>		
Have you completed your vaccination? (1 st & 2 nd Dose)		
Date of 1 st Vaccination :		
Date of 2 nd Vaccination :		
Date of 1 st Booster shot :		
Date of 2 nd Booster shot :		

REFERENCES (REFEREES SHOULD NOT BE MEMBER OF YOUR FAMILY OR FRIENDS)

Disclaimer (strike which is not necessary)

I do/don't consent to this organization communicating with any of the referee to conduct character reference.

NAME AND ORGANIZATION WORKED FOR	OCCUPATION	HANDPHONE NO.

DECLARATION

I hereby declare that the above information given is true and accurate. I understand clearly that any false declaration or misrepresentation will render me to an immediate dismissal.

Signature : _____ Date : _____
 Name : _____

Tick (✓) if you agree or (X) if you disagree

	Your application form/data will be shared with other subsidiaries/associate company for the same or other suitable position
	If you fail to secure the position applied for, your application form/data will be destroyed not later than three (3) months from the date of application and during the 3 months period your application may be used to offer you other available position
	Your application form/data will be destroyed immediately after your failure to secure the position.

FOR OFFICE USE ONLY

Date of Interview	:				
Name of Interviewer	:				
Remarks	:				
Result (tick one)	:				
		Successful	2nd Interview	KIV	Rejected

FOR SUCESSFUL APPLICATION ONLY

Position Offered	:		Department	:	
Expected Starting Date:	:		Starting Salary	:	
Remarks	:				

 Interviewer's Signature
 Name
 Date:

 Human Resource Department
 Name:
 Date:

 Interview's Signature (if more than 1)
 Name:
 Date:

 Approved By
 Name:
 Date: