

# APPLICATION FOR EMPLOYMENT

private & confidential

Post applied for

## PERSONAL DETAILS

Full Name As In NRIC:

Old NRIC No \_\_\_\_\_ New NRIC No \_\_\_\_\_

Gender:  Male  Female

Date of Birth (D/M/Y) \_\_\_\_\_ Nationality \_\_\_\_\_

Time of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
am/pm

Blood type:  O  A  B  AB

Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No \_\_\_\_\_ Handphone No \_\_\_\_\_

E-mail Address

\_\_\_\_\_

Languages / Dialects (Spoken)

\_\_\_\_\_  
Languages / Dialects (Written)

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

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Telephone No \_\_\_\_\_ Number of children \_\_\_\_\_

Social Interests & Hobbies

\_\_\_\_\_  
\_\_\_\_\_

Software Proficiency

Photoshop  Illustrator  FreeHand  
 MS Word  MS Excel  MS PowerPoint  
 InDesign  Q. Xpress  Others

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION:

Grade	Name of School	Highest Qualification Obtained	Year
University			
College			
Secondary			
Other <i>Vocational Technical &amp; specialized knowledge/ability</i>			

## EMPLOYMENT HISTORY

List below details of all former employers beginning with the present or most recent employer.

Name of present or most recent Employer	Position on Joining
	Current Position Held
Office Address	From _____ To _____
	Salary
Nature of Business	Annual Wage
Office Telephone No	Other Allowances
Reasons for Leaving	

## DETAILS OF PAST EMPLOYMENT

From	To	Name of Employer	Position Held	Salary	Reasons for Leaving

## REFEREES

Relationship	Name	Company	Position	Telephone

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| (1) Can we make inquiries with your Previous Employer(s)  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Can we make inquiries with your Present Employer      | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Have you ever been convicted on a criminal charge     | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Have you been or are you suffering from any disease   | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) If offered employment, how soon can you commence work | <input type="text"/>     |                          |

I understand that any false statement made in this application form is sufficient cause for dismissal.

Expected Salary: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

## FOR OFFICIAL USE

Interviewed By \_\_\_\_\_

Remarks by Interviewer (if any)			
Result of Interview	<input type="checkbox"/> Selected	<input type="checkbox"/> KIV	<input type="checkbox"/> Not Suitable

Appointment Offered \_\_\_\_\_

Salary \_\_\_\_\_

Commencement Date \_\_\_\_\_

Others \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_