



JOB APPLICATION FORM

Your Reliable Delivery Partner

(Borang Permohonan Pekerjaan)

POST APPLYING FOR (Jawatan dipohon)	:		Date (Tarikh)	:	
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PHOTOGRAPH

(Gambar)

A. PERSONAL PARTICULARS (Butir-butir peribadi)

NAME IN FULL (Nama Penuh)	:				
IC NO. (No. Kad Pengenalan)	:	(new)		(old - if applicable)	
PERMANENT ADDRESS (Alamat Tetap)	:				
POSTAL ADDRESS (Alamat Surat-menyurat)	:				
TELEPHONE NO. (No. Telefon)	:	(Residential)		(Email)	
		(H/Phone)		(Others)	

FOR OFFICE USE ONLY

POSITION:	
ID NUMBER :	
BRANCH	
Additional	()
CIMB. NO.	()

DATE OF BIRTH (Tarikh Lahir)	:		PLACE OF BIRTH (Tempat Lahir)	:	
MARITAL STATUS (Taraf Perkahwinan)	:	Single / : Bujang /	SOCSO NO. (If Applicable) No. PERKESO - Jika Ada	:	
Pls circle accordingly (Sila bulatkan yang berkenaan)	:	Married / : Berkahwin /	EPF No. / CPF No. (cancel whichever NOT applicable) (No. KWSP / No. CPF - potong yang TIDAK berkenaan)	:	
	:	Divorced / : Bercerai		:	
	:	Widowed / : Janda / Duda		:	
CITIZENSHIP (Warganegara)	:		INCOME TAX NO.: (No. Cukai Pendapatan)	:	
RACE (Bangsa)	:		DRIVING LICENCE (TICK '') (Lesen Memandu - Tandakan (''))	:	LICENSE CLASS (TICK '') (Kelas Lesen - Tandakan (''))
RELIGION (Agama)	:		Yes (Ada)	:	B / B2
	:		No (Tiada)	:	D
GENDER (Jantina)	:	Male : Lelaki		:	GDL
	:	Female : Perempuan		:	E
LANGUAGE (Bahasa)	:		SPOKEN (Pertuturan)	:	WRITTEN (Penulisan)
	:		EXCELLENT FAIR WEAK	:	EXCELLENT FAIR WEAK
MALAY	:			:	
ENGLISH	:			:	
CHINESE	:			:	

B. FAMILY PARTICULARS		
(Butir Keluarga)		
SPOUSE NAME (Nama Pasangan)	:	OCCUPATION (Pekerjaan)
EMPLOYER'S NAME & ADDRESS (Nama & Alamat Majikan)	:	AGE (Umur)
		TELEPHONE NO. (No. Telefon)
SPOUSE IC NO. (No. Kad Pengenalan Pasangan)	:	DATE OF MARRIAGE (Tarikh Perkahwinan)
SPOUSE INCOME TAX NO. (No. Cukai Pendapatan Pasangan)		
FATHER'S NAME (Nama Bapa)	:	OCCUPATION (Pekerjaan)
MOTHER'S NAME (Nama Ibu)	:	OCCUPATION (Pekerjaan)
CHILDREN OF APPLICANT (Anak-anak Pemohon)	SEX (Jantina)	AGE (Umur)
1)		
2)		
3)		
4)		
5)		
6)		
C. EMERGENCY CONTACT (Hubungi Sewaktu Kecemasan)		
PLEASE STATE THE PERSON WHOM THE COMPANY SHOULD CONTACT DURING EMERGENCY (Nama orang yang patut dihubungi sewaktu kecemasan)		
FULL NAME (Nama Penuh)	:	
ADDRESS (Alamat)	:	
RELATIONSHIP (Hubungan)	:	
TELEPHONE NO. (No. Telefon)		
House (Rumah)	:	Office (Pejabat)
H / Phone (Telefon Bimbit)	:	E-mail

D. EDUCATION BACKGROUNDS

(Latar Belakang Pendidikan)

EDUCATION LEVEL (Tahap Pendidikan)	YEAR (Tahun)		HIGHEST QUALIFICATION ATTAINED (Kelayakan Tertinggi)
	FROM (Dari)	TO (Hingga)	
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

*** PLEASE ATTACH CERTIFIED COPY OF EXAMINATION RESULTS**

* Sila lampirkan salinan keputusan peperiksaan

E. EMPLOYMENT HISTORY / Reverse Chronological Order (Start with most recent)

(Latar Belakang Pekerjaan / Bermula dengang Pekerjaan Terkini)

NAME, ADDRESS & TELEPHONE OF THE EMPLOYER (1) (Nama, alamat & nombor telefon majikan)		DESCRIPTION OF WORK (Jelaskan Skop)	
START DATE (Tarikh Mula Kerja)	END DATE (Tarikh Akhir Kerja)		
START POSITION (Jawatan Asal)	LAST POSITION (Jawatan Akhir)	REASON FOR LEAVING (Sebab-sebab Berhenti)	
START SALARY (Gaji Awal)	LAST SALARY (Gaji Akhir)		
START DATE (Tarikh Mula Kerja)	END DATE (Tarikh Akhir Kerja)		
START POSITION (Jawatan Asal)	LAST POSITION (Jawatan Akhir)	REASON FOR LEAVING (Sebab-sebab Berhenti)	
START SALARY (Gaji Awal)	LAST SALARY (Gaji Akhir)		

NAME, ADDRESS & TELEPHONE OF THE EMPLOYER (3) (Nama, alamat & nombor telefon majikan)		DESCRIPTION OF WORK	
START DATE (Tarikh Mula Kerja)		END DATE (Tarikh Akhir Kerja)	
START POSITION (Jawatan Asal)		LAST POSITION (Jawatan Akhir)	
START SALARY (Gaji Awal)		LAST SALARY (Gaji Akhir)	
		REASON FOR LEAVING (Sebab-sebab Berhenti)	

NAME, ADDRESS & TELEPHONE OF THE EMPLOYER (4) (Nama, alamat & nombor telefon majikan)		DESCRIPTION OF WORK	
START DATE (Tarikh Mula Kerja)		END DATE (Tarikh Akhir Kerja)	
START POSITION (Jawatan Asal)		LAST POSITION (Jawatan Akhir)	
START SALARY (Gaji Awal)		LAST SALARY (Gaji Akhir)	
		REASON FOR LEAVING (Sebab-sebab Berhenti)	

Would you give your consent to this company to refer to your previous employer(s)?

Adakah tuan member persetujuan kepada syarikat ini untuk merujuk kepada majikan tuan yang lama?

YES / Ya

NO / Tidak

F. HOBBY / LEISURE INTEREST

(Kegemaran waktu lapang)

HOBBIES (Kegemaran)	
1)	4)
2)	5)
3)	6)

G. GENERAL INFORMATION

(Maklumat Am)

INFORMATION (Maklumat)		YES / Ya	NO / Tidak
G1.	<p>Have you ever been declared bankrupt? If yes, when? Adakah anda pernah diisytiharkan muflis? Jika ya, bila?</p> <p>_____</p> <p>_____</p>		
G2.	<p>Have you ever been blacklisted by any bank or financial institution? If yes, please provide detail: Adakah anda pernah disenaraihitamkan oleh mana-mana bank atau institusi kewangan? Jika ya, sila beri maklumat lanjut.</p> <p>_____</p>		
G3.	<p>Do you own a transport? If yes, please provide detail. Adakah anda memiliki kenderaan? Jika ada, sila beri maklumat.</p>		
G4.	<p>Do you own shares or have interest in any business (except for public listed company)? Adakah anda mempunyai syer atau kepentingan dalam sebarang perniagaan (kecuali syarikat senarai awam)?</p>		
G5.	<p>Are you suffering from any sickness / disability? Adakah anda mempunyai sebarang penyakit / hilang upaya kerja?</p>		
G6.	<p>Do you agree to undergo medical check-up as and when required? Adakah anda bersetuju menjalankan pemeriksaan kesihatan apabila dikehendaki oleh syarikat?</p>		
G7.	<p>Have you ever been convicted for any criminal offence? If yes, give details. Adakah anda pernah dihukum untuk sebarang kesalahan jenayah? Jika ya, sila beri butiran.</p> <p>_____</p>		
G8.	<p>Are you involved in any part time job, whether in salary, commission, consultant fee or any sort of remuneration. If yes, please state. (eg : Direct Marketing Scheme, Network Marketing Scheme, Multi Level Marketing, Insurance Agent, Real Estate Agent, etc.) Adakah anda terlibat dalam sebarang kerja sambilan yang mendatangkan gaji, komisen, upah konsutan atau sebarang ganjaran. Jika ada, sila jelaskan. (Contoh : Skim Pemasaran Terus, Skim Pemasaran Network / Pemasaran <i>Multi-Level</i> / Agen Insuran / Agen Penjualan Tanah / dan lain-lain.)</p> <p>1) _____</p> <p>2) _____</p>		

INFORMATION (Maklumat)		YES / Ya	NO / Tidak												
G9.	<p>Is any of your immediate family members is in business relevant to our business? If yes, please state. Adakah anda mempunyai ahli keluarga yang terlibat dalam perniagaan yang berkaitan dengan perniagaan kita? Jika ya, sila nyatakan.</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>														
G10.	<p>When can you start work? Bilakah anda boleh mula bekerja?</p>														
G11.	<p>Expected salary? Gaji yang diharapkan?</p>														
G12.	<p>Do you know anyone working in this company? If yes, please state name & relationship. Adakah anda mengenali sesiapa yang bekerja di syarikat ini? Jika ya, sila nyatakan nama dan hubungan.</p> <table border="1"> <thead> <tr> <th>Name / Nama</th> <th>Department / Bahagian</th> <th>Relationship / Hubungan</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name / Nama	Department / Bahagian	Relationship / Hubungan											
Name / Nama	Department / Bahagian	Relationship / Hubungan													

G13. PERSONAL REFERENCES / Two persons who are not relatives

(Perujuk peribadi / Namakan dua orang yang bukan saudara mara)

NAME & ADDRESS OF REFEREE & alamat perujuk)	(Nama	CONTACT NO. (No. Telefon)	(No.	OCCUPATION (Pekerjaan)	HOW LONG KNOW TO THE REFEREE (Berapa lama berkenalan dengan perujuk)
1)					
2)					

H. DECLARATION (Pengakuan)

I declare that the company has the absolute right to conduct Urine Test or any other relevant medical examination AND Background Screening on me for the purpose of employment before my employment or during my employment with the company.

I also declare that all the above information is true to the best of my knowledge and understand that false information will render this application null & void and would be regarded as a breach of terms and conditions of employment which may lead to termination.

Saya mengesahkan bahawa syarikat mempunyai hak sepenuhnya untuk membuat ujian air kencing atau pemeriksaan kesihatan lain yang berkenaan DAN membuat penyemakan latar belakan diri saya untuk tujuan pekerjaan sama ada sebelum saya diambil atau sewaktu saya bekerja di syarikat ini.

Saya juga mengesahkan bahawa segala maklumat yang diberikan adalah benar dan sedia maklum jika keterangan ini adalah palsu, permohonan saya dianggap tidak sah dan boleh membawa kepada tindakan disiplin termasuk penamatan perkhidmatan.

Signature :
(Tandatangan)

Name :
(Nama)

Date :
(Tarikh)

FOR OFFICE USE ONLY : PRELIMINARY INTERVIEW REVIEW

(a) INTERVIEWEE INFORMATION

Name : _____
 Position Applied : _____

(b) FIRST INTERVIEW [Head of Dept / Branch]

Name of Head of Dept / Branch : _____
 Department / Branch : _____

SUGGESTION	TICK	COMMENTS
Recommend for employment		
Call for further interview		
Keep candidate's file for the further reference		
Recommended for another job position of (state title of position and department)		
Reject		

If success in interview, please state:

Position : _____ Grade: _____
 Dept / Branch : _____
 Date of Hire : _____
 Salary : _____
 Allowance : _____

Tick where applicable:

Replacement Staff (If yes, replacing : ID No. : _____ Name: _____)
 Additional Staff (Ensure that Staff Requisition has been submitted and approved by management)

SIGNATURE : _____
 DATE : _____

- IC COPY
- 2 PHOTOGRAPHS
- COPY OF CERTIFICATES
- COPY OF LICENCE
- COPY OF GDL LICENCE
- COPY OF CIMB ACCOUNT
- OTHER: _____

(c) SECOND INTERVIEW

COMMENTS : _____

INTERVIEW RESULT : _____

SIGNATURE : _____
 DATE : _____

 Executive Director / Deputy CEO

 Chief Executive Officer