

EMPLOYMENT APPLICATION FORM

IMPORTANT

- 1. Please read and complete the form carefully.
- 2. Enter "Not Applicable" or "Nil" if not relevant.
- 3. Please enclose cv, photocopies of your certificates and last drawn payslip with this application.

Version: 02 Effective Date: 22 Jan 2021

Ref: MJI-HR-F-02

Affix passport size photo here

Position Applied For :							
When can you join us?			Expected Salary :				
PERSONAL PARTICULARS							
Full Name (as per NRIC):	NRIC/Passport No:						
Current Address:							
Tel No (H):	Tel No (O):	Tel No (O):					
H/P No:	Email:						
Mailing Address:							
Marital Status: SINGLE / MARRIED / SINGLE PARENT Gender:				Date of Birth:			
Religion:	Nationality:			Age:			
Race:	Driving Lice	nce Cla	iss:	Place of Birth:			
Do you own a vehicle? Yes () No (Motorbike ()			Car ()			
ncome Tax No: EPF No :			lo:				
EDUCATION							
Name of School/College/University	From		То	Qualification			
Related Courses Attended :							
Additional Certificate/License :							
Current Studies (if any):							
Language/Dialect(s) Spoken:							
Language (s) Written:							
EMPLOYMENT HISTORY (begin with the pro	esent or mo	st rec	ent employment)			
Company Name :	Date Joined:						
Position Held :	Tel No:			Date Left :			
Job Description:	•						
Reason for Leaving :	Salary Drawn:						
Company Name :		Date Joined:					
Position Held: Tel No:			Date Left :				
Job Description:							
Reason for Leaving:				Salary Drawn:			

PARTICULARS OF REFEREE	S (Other tha	n Relatives)					
Name:		Occupation:					
Address:		Tel No :					
		Years Known:					
Name:		Occupation:					
Address:		Tel No :					
		Years Known:					
FAMILY PARTICULARS (Sp	ouse/Parents	s & Children	(if Married), Pare	nts & Siblings	(if Single))		
Full Name	Age			Occupation Company/School			
		·			<u> </u>		
Please give details of any relatives	or friends curi	rently in employ	yment within M JE	TS INTERNATIO	NAL SDN. BHD.		
Name of friends/ relatives	Company		Position Held	Relationship			
Please provide info of contact pers	son the compar	ny may notify ir	n the event of an e	mergency			
Name :							
Relationship:		Tel No :					
Address:							
GENERAL INFORMATION							
Activities and Interest (sports & ho	bbies) :						
Have you been a member of a Trade Union?							
If yes please give name of Union	Union2						
Have you held any position in the Union? If yes please state position held and period Yes () No ()							
Have you had any case at the Indu If yes please give details & date	Yes () No ()						
Do you have any interest in any Colf yes please give details.	ompany / Busir	,	Yes () No ()				
Do you have any criminal record? If yes please give details.		,	Yes () No ()				
Are you currently pregnant? (ladie	es only)	`	Yes () No ()				
Have you been seriously ill / injure If yes, please give details & date	d within the pa	`	Yes () No ()				
		DEC	LARATION				
I hereby declare that the informa wilful omission by me is sufficie	-			-			
a. omiosion by me is sufficie		. J. audi Oi Gilip	,	disiilissal.			

Date:

Signature of Applicant