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## APPLICATION FOR EMPLOYMENT

Please fill up this form legibly. All details must be provided

1	<b>POSITION APPLIED FOR :</b>			
	<b>Possible Date of Commencement :</b>		<b>Expected Salary :</b>	
<b>How Did You Hear About This Position :</b> <input type="checkbox"/> IJN's website <input type="checkbox"/> Social Media (Please specify) : _____ <input type="checkbox"/> Online Job Website (Please specify) : _____ <input type="checkbox"/> Career Fair (Please specify) : _____ <input type="checkbox"/> Newspaper (Please specify) : _____ <input type="checkbox"/> Friends/Relative <input type="checkbox"/> Others (Please specify) : _____				
2	<b>PERSONAL PARTICULARS</b>			
	<b>Addressing Title :</b> Mr / Miss / Madam / Cik / Encik / Puan / Others (Please Specify) _____ <hr/> <b>Full Name</b> _____ <b>Home Address</b> _____ <hr/> <b>Postcode</b> _____ <b>State</b> _____ <b>Race :</b> <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others (If other, please specify : _____ <b>Religion :</b> _____ <b>Marital Status :</b> <input type="checkbox"/> Single <input type="checkbox"/> Married (Date of Marriage) : _____ <input type="checkbox"/> Others (If other, please specify) : _____			
		<b>NRIC No. (New)</b> _____		
		<b>Date of Birth</b> _____		
		<b>Age</b> _____		
		<b>Mobile</b> _____		
		<b>Telephone No (Home)</b> _____		
		<b>Nationality</b> _____		

**3 EDUCATION BACKGROUND / PROFESSIONAL QUALIFICATION / MEMBERSHIP OF PROFESSIONAL INSTITUTION**

Name of School/College/University	Qualification Obtained	Year	(FOR COMPANY'S USE)

**4 LINGUISTIC ABILITY**

LANGUAGES/ DIALECTS	State your level of competency		
	Spoken	Read	Write
Bahasa Malaysia	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
English	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Other Languages/ Dialects, Please specify :			

**5 EMPLOYMENT HISTORY (Descending Order )**

Date		Name & Address of Employer	Position Held	Basic Salary		Reasons for Leaving
From	To			Starting	Last Drawn	

**6 DETAILS OF CURRENT OR LAST EMPLOYMENT**Job Duties : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reporting to \_\_\_\_\_

No. of staff reporting to you \_\_\_\_\_

Allowances / Incentive /  
Commission if any \_\_\_\_\_Total Monthly Earning :  
(Inclusive Basic Salary)RM **7 OTHER INFORMATION**

Do you have a friend or relative working in this company?

 YES NO

If YES, state name, relationship and in which Department : \_\_\_\_\_

Have you applied for any position in this company before?

 YES NO

If YES, state the position you applied for and date of your application : \_\_\_\_\_

Have you ever been charged and/or convicted in any Court of Law for criminal offences?

 YES NOIf YES, please provide details : \_\_\_\_\_  
\_\_\_\_\_Do you have you any active interest in any business undertaking, including family  
business? YES NO

If YES, please provide details : \_\_\_\_\_

**8 MEDICAL & PHYSICAL STATUS**

Have you suffered from or currently suffering from serious illness?

 YES NO

If YES, please provide details : \_\_\_\_\_

Are you suffering from any physical disabilities?

 YES NO

If YES, please provide exact details : \_\_\_\_\_

**9 REFERENCE (List Two or Three Personal Referees who are not Relatives)**

Name, Address & Tel No.	Occupation	Years Known

**10 DECLARATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be ground for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized personnel of IJNSB for employment purposes. The consent shall continue to be effective during my employment if I am hired. I believe all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I hereby consent to the following:

The information I have submitted here can be used by The Company for recruitment purposes in any companies within the group.

- Yes I consent to having my information shared for recruitment purposes within any company of the company's Group.
- No I want my information to be used only by the current company I am applying to for recruitment purposes.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

It is our company policy to retain job applications for a period of three (3) months from the date they are received, after which, they will be destroyed. Job applicants have a right to request that their job application data be deleted/destroyed by the company at anytime by communicating their request in official writing to HCOD. The company will then undertake to delete/destroy such records within 21 days and will inform the job applicant in writing once his data has been deleted/destroyed'.