



Application Form

HR 4

Position Applied

PERSONAL PARTICULARS

Full Name

Home Address

Telephone

Home

Office

Mobile

Personal E-mail

RECENT PHOTOGRAPH
Write your name on the back of the photograph and fix it firmly here. This is to assist in identification throughout the selection process.

Place of Birth		Date of Birth	
Age		Nationality	
Marital status (please tick)	<input type="checkbox"/> Single	Religion	Race
	<input type="checkbox"/> Married	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Others (Please specify)		

Would you give your consent for PINTAR Foundation to consult your previous employer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted in any court of law criminal offence?	
<input type="checkbox"/> Yes (if yes, please specify)	
<input type="checkbox"/> No	
Do you have any relative or friend presently working at PINTAR Foundation?	
<input type="checkbox"/> Yes (if yes, please specify)	
<input type="checkbox"/> No	

FAMILY BACKGROUND

Name	Relationship	Age	Occupation	Place of work (if applicable)

Educational Details CAB		
School/Institutions	Year	Highest Qualification

SPECIAL COURSES / TRAINING ATTENDED		
Title of course	Organiser	Period

EMPLOYMENT HISTORY 1 <i>(begin with your present / last job)</i>		
Name of Employer		
Position		Period
		Last Drawn Salary
Responsibilities		
Reason(s) for leaving		

EMPLOYMENT HISTORY 2		
Name of Employer		
Position		Period
		Last Drawn Salary

Responsibilities	
Reason(s) for leaving	

EMPLOYMENT HISTORY 3			
Name of Employer			
Position		Period	
		Last Drawn Salary	
Responsibilities			
Reason(s) for leaving			

LANGUAGE PROFICIENCY						
Language/Dialect	[1] Fair		[2] Good		[3] Excellent	
	Speak			Write		
	1	2	3	1	2	3
Bahasa Melayu						
English						

COMPUTER KNOWLEDGE & SKILLS					
Software	Beginner		Intermediate		Advance
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Microsoft Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXTRA CURRICULAR ACTIVITIES

Name of Institution/Organisation/Activities	Position of Responsibility

HOBBIES & INTEREST

--

HEALTH

Have you ever had, or are suffering from any disease or physical impairment? If so, please give details.

--

ADDITIONAL INFORMATION

Current Salary	
Current Allowance (if any)	
Current Benefits (if any)	
Expected Salary	
Termination Notice	

REFEREES

Name	Address	Contact No.	Profession	Years Known

I hereby declare that all the particulars given in this application are true to the best of my knowledge and belief. If employed, I agreed that should any particular herein are subsequently found false, the company may dismiss me without any liability whatsoever.

Signature	Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Date of Interview			
Date Joining		Date Joined	
Position		Starting Salary	
Remarks			