



EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

1. PERSONAL PARTICULARS:-

Name : Mr/Mrs/Ms (As per NRIC) : _____

NRIC No. (New) : _____ NRIC No. (Old): _____

Current Address : _____

Tel No : (H/P) : _____ (Office) : _____ (Home) : _____

Age : _____ Sex : Male / Female Date of Birth : _____ Place of Birth : _____

Nationality : _____ Race : _____ Religion : _____

Marital Status : Single / Married / Widowed / Divorce

Income Tax No. : _____ SOCSO No. : _____ EPF No. : _____

Possess own car : NO / YES Class : _____ Car No. : _____

Email : _____

(Please enclosed a Photostat copy of NRIC)

2. FAMILY INFORMATION:-

Spouse's Name : (As per NRIC) : _____

NRIC No : _____ H/P No : _____

Occupation : _____ Date of Birth : _____

Name of Firm : _____ Tel No : _____

Name of Children	Sex	Age	Occupation	Name of Firm / School

Father / Guardian(s) Name : _____

Occupation : _____ Age : _____

Name of Firm : _____ Tel No : _____

Mother's Name : _____

Occupation : _____ Age : _____

Name of Firm : _____ Tel No : _____

Name of Brothers / Sisters	Sex	Age	Occupation	Name of Firm / School

3. EDUCATION: ACADEMIC & PROFESSIONAL QUALIFICATIONS

Name of School / College / University Attended from Previous to Current	Location	Year		Certificate / Diploma / Degree Attained
		From	To	

Give details of courses attended or presently attending:-

4. EMPLOYMENT HISTORY

IN CHRONOLOGICAL ORDER TO THE PRESENT EMPLOYMENT					
Employer & Address	Period		Last Post Held	Last Drawn Salary	Reason For Leaving
	From	To			

5. COMPUTER SKILLS

	Good	Fair	Poor
1. Microsoft Word			
2. Microsoft Excel			
3. Microsoft Powerpoint			
4. Others:-			

6. LANGUAGE LITERACY

LANGUAGE / DIALECTS	*Indicate Good, Fair, Poor			SPECIAL SKILLS / QUALIFICATION
	SPEAK	WRITE	READ	

7. REFEREES :- (List 2 persons excluding relatives & former employer)

Name	Address & Tel No.	Occupation	Years Known

8. GENERAL QUESTIONNAIRE:

Kindly tick the appropriate box

	Yes	No
8.1 Have you ever been charged in court?	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Have you been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Are you in the family way (Pregnant)?	<input type="checkbox"/>	<input type="checkbox"/>

8.4 Have you been discharged from employment for whatever reasons?	<input type="checkbox"/>	<input type="checkbox"/>

8.5 Do you suffer from any physical disability, chronic illness, handicap, or any other illness?	<input type="checkbox"/>	<input type="checkbox"/>

Kindly tick the appropriate box

Yes

No

8.6 Do you have any relatives or friends working in this foundation?
(If yes, give details)

8.7 Details of leisure time, hobbies, recreation and games:-

8.8 Membership / position held in Trade / Professional Association,
Club, Societies or religion bodies:-

9. IF SELECTED

9.1 Notice period required : _____

9.2 Are you prepared to be transferred to any existing and future NKF Branch? : _____

9.3 Expected Monthly Salary : _____

10. NEXT OF KIN

10.1 Next of Kin

Name : _____

Relationship : _____

Address : _____

Tel No : _____

DECLARATION

I declare the information given in this application is true and complete. I understand any misleading information or willful omission is sufficient reason for refusal of or dismissal from employment.

Date

Signature of Applicant