

B. ACADEMIC QUALIFICATION & TRAINING/ PENCAPAIAN AKADEMIK & LATIHAN

Type of School <i>Jenis Sekolah</i>	Year <i>Tahun</i>	Name & Address of School <i>Nama & Alamat Sekolah</i>	Highest Qualification <i>Kelayakan Tertinggi</i>
Year <i>Tahun</i>	Name of Training Courses (Past & Present) <i>Nama Latihan & Kursus (Dulu & Sekarang)</i>		

C. EMPLOYMENT EXPERIENCE/ PENGALAMAN BEKERJA (from first to present/ dari kerja pertama sampai sekarang)

Company Name & Address <i>Nama & Alamat Syarikat</i>	Date/ <i>Tarikh</i>		Last Drawn Salary <i>Gaji Terakhir</i>	Position Held <i>Jawatan</i>	Reason For Leaving <i>Sebab-sebab Berhenti</i>
	From/Dari	To/Hingga			

** Please ask for extra paper if the space provided is not enough/ Sila minta kertas ekstra jika ruangan kosong tidak cukup.

D. FAMILY & SPOUSE DETAILS/ MAKLUMAT AHLI KELUARGA & PASANGAN

FAMILY DETAILS/ MAKLUMAT AHLI KELUARGA				
Parents/Siblings Full Name <i>Name Penuh Ibu/Bapa & Adik Beradik</i>	Age <i>Umur</i>	Relationship <i>Hubungan</i>	Company Name <i>Name Syarikat</i>	Occupation <i>Pekerjaan</i>

MARITAL STATUS/TARAF PERKAHWINAN (Single/Married/Divorced/Separated/Widow)			
SPOUSE & CHILDREN DETAILS/MAKLUMAT PASANGAN & ANAK (if married/jika sudah berkahwin)			
Spouse & Children's Full Name <i>Nama Penuh Pasangan & Anak</i>	Date of birth <i>Tarikh Lahir</i>	Company Name/ School Name <i>Nama Syarikat/Sekolah</i>	Occupation <i>Pekerjaan</i>

BENEFICIARY DETAILS/ MAKLUMAT PENERIMA MANFAAT			
Name/ <i>Nama</i>	Relationship/ <i>Hubungan</i>	IC No./ No. Kad Pengenalan	Address/ <i>Alamat</i>

IN CASE OF EMERGENCY, PLEASE CONTACT:/ JIKA KECEMASAN, SILA MENGHUBUNGI:			
Name/ <i>Nama</i>	Relationship/ <i>Hubungan</i>	Phone. No/ No. telefon	Address/ <i>Alamat</i>

REFEREES/RUJUKAN (Family members/employees/relatives should not be used; Ahli keluarga/pekerja/saudara-mara tidak boleh digunakan)			
Name/ <i>Nama</i>	Tel No./No. Telefon	Occupation/ <i>Pekerjaan</i>	Company Name/ Nama Syarikat

E. GENERAL INFORMATION /MAKLUMAT AM

LANGUAGE & DIALECT/BAHASA & DIALEK										
Language & Dialect/Bahasa & Dialek	Written/ Penulisan	Poor/ Lemah	Fair/ Sederhana	Fluent/ Baik	Spoken/ Pertuturan	Poor/ Lemah	Fair/ Sederhana	Fluent/ Baik		

OTHER INFORMATION/ MAKLUMAT LAIN	
Have you been previously employed by Sri Datai Group of Companies? If Yes, when and name of Company. <i>Pernahkah anda kerja di Sri Datai Group of Companies dulu? Jika ada, sila menyatakan bila dan nama syarikat.</i>	YES/NO
Do you have any friends or relatives working with Sri Datai Group of Companies? If yes, state name, designation and department. <i>Anda mempunyai kawan atau saudara yang sedang bekerja di Sri Datai Group of Companies? Jika ada, sila menyatakan nama, jawatan dan jabatan.</i>	YES/NO
Have you ever been overseas other than for studies? If Yes, please state reasons. <i>Pernahkah anda ke luar negeri selain daripada belajar? Jika ada, sila nyatakan alasan.</i>	YES/NO
Are you active in any business undertakings? If Yes, please indicate nature of business. <i>Adakah anda sedang aktif dalam sebarang perniagaan/perusahaan? Jika ada, sila menyatakan jenis perniagaan/perusahaan.</i>	YES/NO
Have you at any time been convicted or found guilty of any serious offence by any court? If Yes, state offence and reasons. <i>Pernahkan anda terlibat atau ditahan bagi kesalahan jenayah? Jika ada, sila menyatakan.</i>	YES/NO
Have you ever been dismissed/terminated from any employment? If Yes, please state reasons. <i>Pernahkah anda dipecat dari sebarang perkerjaan? Jika ada, sila menyatakan alasan.</i>	YES/NO
Are you pregnant right now? (if applicable) <i>Adakah anda mengandung? (jika berkenaan)</i>	YES/NO
Do you wear spectacles/contact lenses? If Yes, please specify. <i>Adakah anda memakai cermin mata/kontact lens? Jika ada, sila menyatakan.</i>	YES/NO
Are you color blind? If Yes, please indicate which color. <i>Adakan anda buta warna? Jika ada, sila menyatakan mana satu warna.</i>	YES/NO
Have you any hearing problems? If Yes, state the nature of the problem. <i>Adakah anda mempunyai masalah pendengaran? Jika ada, sila menyatakan.</i>	YES/NO
Have you any serious illness? If Yes, please indicate nature of illness. <i>Adakah anda menghidapi penyakit serius? Jika ada, sila menyatakan.</i>	YES/NO
Do you suffer from any disability/handicap/allergy? If Yes, please specify. <i>Adakah anda mempunyai masalah kurang upaya fizikal atau sebarang alahan? Jika ada, sila menyatakan.</i>	YES/NO

Do you hold any valid driving license? If Yes, please specify. <i>Adakah anda mempunyai lesen memandu yang sah? Jika ada, sila menyatakan.</i>	YES/NO
Are you willing to work overtime periodically as per need of the company? <i>Adakah anda bersedia untuk bekerja lebih masa jika diminta oleh syarikat?</i>	YES/NO
Any objections to reference being made to your past employers or present employers? If Yes, why. <i>Adakah anda mempunyai sebarang bantahan tentang membuat rujukan dengan majikan anda sebelum ini? Jika ada, sila menyatakan alasan.</i>	YES/NO
If you are successful for this position, when are you able to start? <i>Jika anda ditawarkan jawatan ini, bila anda dapat memulakan kerja?</i>	dd/mm/yy
If appointed, what is your expected salary? <i>Jika ditawarkan kerja ini, berapa gaji anda mengharapkan?</i>	RM

F. DECLARATION/PENGAKUAN

** I agree to have my wages credited through Company's designated bank.*

** Saya bersetuju untuk menerima gaji saya melalui bank yang dipakai oleh Syarikat.*

I certify that all details given in this Application Form are true to the best of my knowledge and agree that the company has the right to terminate my services without prior notice if it is found that a falso declaration has been made on this Application Form.

Saya mengaku bahawa maklumat yang diberi di atas adalah benar dalam pengetahuan saya dan saya bersetuju bahawa syarikat mempunyai segala hak untuk mengambil tindakan disiplin atau menamatkan perkhidmatan saya tanpa notis sekiranya maklumat dan pengakuan di dalam borang ini didapati palsu.

Signature/Tandatangan

Date/Tarikh

-The remaining page is intentionally left blank-

INTERVIEW ASSESSMENT

POSITION APPLIED:
APPLICANT'S NAME:

INTERVIEW DATE & TIME:

RATING SCALE

- 5. Much More Than Acceptable** - Significantly exceeds criteria for successful job performance.
- 4. More Than Acceptable** - Exceeds criteria for successful job performance.
- 3. Acceptable** - Meets criteria for successful job performance.
- 2. Less Than Acceptable** - Generally does not meet criteria for successful job performance.
- 1. Much Less Than Acceptable** - Significantly below criteria required for successful job performance.

To be filled in by Interviewer:

		Rating
A	EDUCATION	
B	TECHNICAL/PROFESSIONAL SKILLS (<i>Knowledge/Experience</i>)	
C	BACKGROUND AND EXPERIENCE RELATED TO THE JOB	
D	PERSONAL ATTRIBUTES (<i>Self-Image, Initiative, Maturity, Values, Responsibility</i>)	
E	SKILLS (<i>Interpersonal, Communication, Perception, Speech</i>)	
F	PERSONALITY (<i>Appearance, Confidence, Outlook, Team Player, Leader-follower</i>)	
G	OVERALL ASSESSMENT (<i>Suitability of the Applicant to the Job</i>)	

INTERVIEWER'S EVALUATION

Recommended

Reject

Additional Comments:

Interviewer's Signature

Interviewer's Name

Date

FOR OFFICE USE ONLY

INTERVIEW PANEL :

DATE OF INTERVIEW :

From the interview, I would :

(Please tick where applicable)

- 1 Recommended for employment
- 2 Call for further interview
- 3 KIV
- 4 Reject

If recommended for employment, please state:

Job Position : _____ Date of Commencement : _____
 Dept/Company : _____ Commencing Salary : _____
 Probation Period : 6 Mths / 3 Mths Allowance (if any) : _____
 Resignation Notice : 3 Mths / 1 Mth
 Category :

<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract Basis : _____ <i>(please indicate period of service)</i>
<input type="checkbox"/> Monthly Basis <input type="checkbox"/> Commission Basis	
<input type="checkbox"/> Daily Basis	

Entitlement : (if any)

a) Laptop	b) Hand Phone	c) Phone Line	d) Accommodation	e) Vehicle
f) Flight Ticket	g) Home Passage	h) Others		

Any other remarks : _____

Signature of Interviewer: _____ Date: _____

Verified by HR Manager: _____ Approved by Director: _____

Tear off for Admin Department's Action:-

To: Admin Department

Kindly process accordingly based on the entitlement request below for

Mr/Mrs/Ms. _____ ; Position: _____ ; Site: _____.

a) Laptop	b) Hand Phone	c) Phone Line	d) Accommodation	e) Vehicle
f) Flight Ticket	g) Home Passage	h) Others		

Requested by: _____ (Date: _____)

Verified by Admin Manager: _____ Approved by Director: _____