

APPLY FOR POSITION :	

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(A) PERSONAL DETA	ILS				
Full Name (As stated in I	/C):				
Present address :					
Permanent address :					
•					
Telephone : (H/Phone)			(House)		
NRIC No. :			Nationality	:	
Date of birth :			Place of birt	:h :	
Sex:	Age :		Height :		Weight :
Race:			Religion :		
Marital Status	Single	Married		Divorce	Widow
Number of children					
EPF No :	Socso N	lo:		Income tax no.	:
Bank Account with RHB	Bank Bhd : *Yes / *N	No.	Account nu	mber :	
Do you have a valid licer	nse ? * Yes / * No		Type & Nun	nber:	
Spouse details					
Name :			Occupation		
Contact Number :			Company na	ame :	
Immediate Family det	ails : Children, Fath	ner, Mother, Bi	rothers(s), Si	ster(s)	
Relationship	Name	Age	Occ	upation	Company
(B) EDUCATION					
Training or Education	From			ualification obtained	
School / College / Unive	rsity	()	/ear)	(PI	lease Specify Major)

L) Written Languages 2) Spoken Languages 3) Computer knowledge 4) Typing 5) Shorthand 5) Others (if any) (please specify) (E) REFEREES (Please provide two names) Name Address Fel. No. Occupation / company Years known Co you have any relative employed in PKT Group? If yes, please state: Name: Relationship: Company: Department: (F) OTHER INFORMATION - HOBBIES / SPORTS / SOCIAL ACTIVITIES / HEAL E-mail address Facebook / Twitter Yes / No If yes, please specify: If yes, please specify:	Employer	Joined	Resigned	Position held	Last drawn salary	Reason for leaving		
Written Languages Spoken Languages Yes / No If yes, please specify: If yes, please specif								
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E-mail address Yes / No If yes, please specify: Facebook / Twitter Yes / No If yes, please specify:	Department :							
E-mail address Yes / No If yes, please specify: Facebook / Twitter Yes / No If yes, please specify:	 				/			
Facebook / Twitter Yes / No If yes, please specify: If yes, please specify:			RRIEZ / ZAO	ORTS / SOCIAL ACTIVI	IIES / HEALTH / OT	HERS		
ii yes, piease specily.	E-mail address	Yes / No	If yes, please	specify:				
MSN chat Yes / No	Facebook / Twitter	Yes / No	If yes, please	specify:				
	MSN chat	Yes / No						
Hobbies & Sports	Hobbies & Sports							
ow often do you do the workout (physical exercise)?								

(G) OTHER PARTICULARS

What is your Cholestrol level?

What is your Sugar level?
What is your Blood pressure?

When was your last medical check-up?

Membership of Societies / Clubs and offices held (if any)

Normal / high Low / Normal / High

Low / Normal / High

Flease allswer the follow	ving questions	Yes	No		
Do you have any sickness	ss, diseases or handicap?			If answer	
Have you ever been cha	rged in court?			is "yes" to	
Have you ever been invo	olved with drugs?			any question,	
Have you ever apply / w	ork in any PKT Group of Companies?			please	
Are you enrolled in any	insitution of higher learning?			explain	
Explanation :					below.
Please use this space to	give additional information in suppor	rt to vour apr	lication. (e.g. ai	ms.	
ambitions, special atttitu		, , .	, ,	,	
C		F16-	I		
Current Salary		Expected Sa			
Notice required		Available Da	te		
LUEDEDV DECLARED TUAT	ALL INFORMATIONS PROVIDED LIED	CINI ADE TOU	AND CORDECT	CHOLUD THE	-
	ALL INFORMATIONS PROVIDED HERI ANY WILL THEN HAVE THE RIGHT TO				Ł
BE AINT FALSE, THE COIVIF	ANT WILL THEN HAVE THE RIGHT TO	TERIVIIIVATE	IVIT SERVICE WIT	THOOT NOTICE.	
					_
Appli	cant's Signature		Da	ate	
	FOR OFFICE	USE ONLY			
Interview Date :		Job Title :			
		•			
Starting Date :		Job Grade			
Commencing Salary :		Company :			
		-			
Allowances (if any) :		- Departme	nt :		
Allowances (if any) :		Department Reporting			
Allowances (if any) : Remarks (if any) :					
Remarks (if any) :		Reporting			
Remarks (if any) : Interviewed by:					
Remarks (if any) :		Reporting			
Remarks (if any): Interviewed by: Approving Authorities		Reporting	to:		
Remarks (if any) : Interviewed by:		Reporting		:	
Remarks (if any): Interviewed by: Approving Authorities		Reporting	to:	:	
Remarks (if any): Interviewed by: Approving Authorities		Reporting	to:	:	
Remarks (if any): Interviewed by: Approving Authorities 1) HOD / HOS		Reporting	Date	:	
Remarks (if any): Interviewed by: Approving Authorities 1) HOD / HOS 2) GM / COO		Reporting	Date	:	
Remarks (if any): Interviewed by: Approving Authorities 1) HOD / HOS	nt	Reporting	Date	:	