MISI SETIA	APPLICATION FOR EMPLOYMENT	Form No.	MSOG-HRA-F-08
		Rev.	08
		Date	21 Oct 2015
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PART A

Note:
1. This Form should be completed in BLOCK LETTERS and in the handwriting of the applicant.
2. All questions must be answered. Where not applicable, please state N/A.

Please attach your photograph here

POST APPLIED FOR

PERSONAL PARTICULARS

FULL NAME	: **MR / MRS / MISS**		
NRIC/PASSPORT NO.	:	CURRENT ADDRESS	:
AGE (YEAR)	:		
DATE OF BIRTH	:		
PLACE OF BIRTH	:	PERMANENT ADDRESS	:
RACE/RELIGION	:		
NATIONALITY	:		
MARITUAL STATUS	:	NO. OF CHILDREN	:
TEL. NO.(HOUSE)	:	HEIGHT(m) / WEIGHT(kg)	:
HANDPHONE NO.	:	EMAIL ADDRESS	:
E.P.F NO.	:	SOCSO NO.	:
INCOME TAX NO.	:	INCOME TAX BRANCH	:

FAMILY PARTICULARS (please provide details of parents, spouse, siblings and children only)

NAME	AGE	RELATIONSHIP	OCCUPATION	NAME OF EMPLOYER / UNIVERSITY / COLLEGE / SCHOOL

EDUCATION PARTICULARS

NAME OF SCHOOL / COLLEGE / UNIVERSITY	YEAR		QUALIFICATION OBTAINED	GRADE / CGPA
	FROM	TO		

Are you currently pursuing any course? **YES / NO** If **YES**, please state _____

PROFESSIONAL PARTICULARS

CERTIFICATE / LICENSE / MEMBERSHIP	CERT / LICENSE / MEMBERSHIP NO.	INSTITUTE / ORGANIZATION	VALIDITY

TRAINING / COURSE PARTICULARS

YEAR	ATTENDED TRAINING / COURSE TITLE

LANGUAGE (Please state GOOD, FAIR or POOR)

LANGUAGE	SPOKEN	WRITTEN

EMPLOYMENT PARTICULARS (Please state all working experiences commencing from current employment)

PERIOD		NAME OF EMPLOYER	POSITION	EMPLOYER CONTACT NO.	REASON FOR LEAVING	RECOGNITION OBTAINED (eg. Promotion / upgrade / award)
FROM	TO					

DECLARATION

1. Are you willing to work extra working hours? **YES / NO**

   If **NO**, please specify reason _____

2. Please describe briefly your state of health, i.e. any past or present physical and /or mental illnesses and disabilities, operations, accidents, medical history, etc:

   _____

3. Are you currently taking any medication, prescribed drugs, or seeking any medical treatment? **YES / NO**

   If **YES**, for what condition? _____

4. Have you ever been convicted in court for any criminal offence? **YES / NO**

   If **YES**, please specify _____

5. Have you filed any case in industrial court ? **YES / NO**

   If YES, please specify the type of case & when _____

6. How did you come to know of this vacancy? _____

7. Were you ever employed by Misi Setia? **YES / NO**

   If **YES**, state when and for which position _____

8. Have you ever attended any interview at Misi Setia? **YES / NO**

   If **YES**, state when and for which position _____

9. Are you currently bonded / bounded by an employment contract? **YES / NO**

   If **YES**, state notice period and amount of bond in RM _____

10. Do you have any family members, relatives or friends working in Misi Setia? **YES / NO**

    If **YES**, state name and position _____

11. Are you currently an owner or shareholder or in the Board of Directors of any company ? **YES / NO**

    If **YES**, please specify position and business type _____

12. If **YES** for Q11 : Do you believe there will be a conflict of interest in the nature of business with MSOG ? **YES / NO**

    If **YES**, please specify _____

    Note : In the event you are employed by MSOG, you are required to fill the Conflict of Interest Disclosure form

13. Kindly attach the required documents as follows and indicate the expiry date (tick √ if you have):

    ☐ **Competency Certificates :**

    - _____

    - _____

    ☐ **CIDB :** _____

    ☐ **OGSP :** _____

    ☐ **BOSET :** _____

    ☐ **AGT :** _____

I hereby declare that, the information given in this application is correct. I also understand that if it is subsequently disclosed that I have willfully given incorrect information or withheld any information, my application shall be null and void and/or if I have been appointed, the company reserves the right to dismiss me immediately without prior notice.

Name :	Signature :
Date :	

PART B

PAST REMUNERATION

NAME OF EMPLOYER	LAST DRAWN SALARY		BENEFITS			REFERENCES* (Please specify contact no. and position)
	BASIC	ALLOWANCE	LEAVE	MEDICAL	OTHERS	

*** REFERENCES (Referred personnel shall be someone in a capacity of superior level who has assessed your performance in the past)**

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME :	OCCUPATION :
RELATIONSHIP :	ADDRESS :
TEL.NO. (HOUSE) :	
HANDPHONE NO. :	

OTHERS

1. Any other information you consider that may support your application

2. Current notice period required to notify your present employer : _____ week(s) / month(s)

3. Expected Salary RM _____

PART C

Consent pursuant to Personal Data Protection Act 2010

The information you provide in your curriculum vitae will be used and processed by or on behalf of MSOG for purposes related to your registration of interest in current or future employment with MSOG and for the processing of your application for employment. We will collect and use the personal data that you have supplied to facilitate the processing of your application for employment purposes.

The personal data held by MSOG relating to the applicants will be kept strictly confidential.

MSOG may collect information through other sources for processing and evaluating your application for employment. If your application is successful, the information will be used in the administration of your employment. As part of assessing your suitability to work with MSOG, we may use your information to conduct reference checks in accordance with MSOG HR Policy.

By giving your consent, you agree to your data being used in conjunction with the recruitment and employment purposes. You are responsible for ensuring that the personal data is correct and true.

I hereby declare that, the information given in this application is correct. I also understand that if it is subsequently disclosed that I have willfully given incorrect information or withheld any information, my application shall be null and void and/or if I have been appointed, the company reserves the right to dismiss me immediately without prior notice.

Name :	Signature :
Date :	