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**APPLICATION FORM  
BORANG PERMOHONAN**

**PHOTO**

Post Applied For  
*Jawatan Dipohon*

THIS FORM HAS BEEN DESIGN TO PROVIDE US WITH THE BASIC INFORMATION FOR EASY PROCESSING OF YOUR APPLICATION FOR EMPLOYMENT WITH US. IT ALSO SERVE AS OUR PERSONNEL RECORD SHOULD YOU BE EMPLOYED IT IS ESSENTIAL FOR YOU AND HELPFUL TO THE INTERVIEW THAT THE FORM IS NEATLY AND CAREFULLY FILLED IN CAREFULLY FILLED IN. ALL PART IS TO BE COMPLETED. WHERE NOT APPLICABLE STATE " N/A "

**Personal Particulars  
Maklumat Peribadi**

NAME <i>NAMA</i>					
HOME ADDRESS <i>ALAMAT RUMAH</i>					
POST CODE <i>POSKOD</i>		TEL NO (Home ) & <i>NO TEL (HP)</i>			
DATE OF BIRTH <i>TARIKH LAHIR</i>		PLACE OF BIRTH <i>TEMPAT LAHIR</i>			
NATIONALITY <i>WARGANEGARA</i>		RACE <i>BANGSA</i>		AGE <i>UMUR</i>	
RELEGION <i>UGAMA</i>		EPF NO <i>NO EPF</i>		SOCSCO NO <i>PERKESO NO</i>	
I.C. NO (NEW) <i>I.C. NO (BARU)</i>		I.C. NO (OLD) <i>I.C. NO (LAMA)</i>			
PASSPORT NO <i>NO PASPORT</i>		DATE OF ISSUE <i>TARIKH DI KELUARKAN</i>		DATE OF EXPIRY <i>TARIKH TAMAT</i>	
DISCHARGE BOOK NO <i>NO BUKU PELAUT</i>		PLACE OF ISSUE <i>TEMPAT DI KELUARKAN</i>			
M'SIAN SEAMAN CARD NO <i>NO KAD PELAUT M'SIAN</i>		DATE OF ISSUE <i>TARIKH DI KELUARKAN</i>		DATE OF EXPIRY <i>TARIKH TAMAT</i>	
MARITAL STATUS <i>TARAF PERKAHWINAN</i>	MARRIED <i>BERKAHWIN</i>	SINGLE <i>BUJANG</i>	WIDOW <i>DUDA</i>		
* <b>PLEASE TICK X</b> * <b>SILA TANDAKAN X</b>					

**RECORD OF SEA SERVICE**  
**LAPORAN PERKHIDMATAN / PENGALAMAN**

NO	SHIP & COMPANY NAME NAMA SYARIKAT & KAPAL	RANK J'WATAN	TYPE OF VESSEL JENIS KAPAL	GRT BERAT KASAR OR BHP/KW	TRADE (FG) OR (HT)	SIGN ON DATE WAKTU BERTUGAS	SIGN OFF DATE WAKTU BERHENTI
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10							

**PARTICULARS OF FAMILY**  
**KETERANGAN KELUARGA**

NAME NAMA	SEX JANTINA	AGE UMUR	OCCUPATION PEKERJAAN

NAME OF NEXT KIN NAMA SAUDARA MARA TERDEKAT	RELATIONSHIP PERTALIAN	
OCCUPATION PEKERJAAN	TEL NO NO TEL	
ADDRESS ALAMAT		
NAME OF PERSON TO CANTACT IN EMERGNCY NAMA SESEORANG YANG BOLEH DIHUBUNGI JIKA BERLAKU KEMALANGAN		
NO TEL TEL NO		

**CHARACTER REFERENCE**  
**RUJUKAN PERIBADI / PERAKUAN DIRI**

\* GIVE THE NAME AND FULL ADRESS OF TWO PERSON (OTHER THAN RELATIVE), ONE ACQUAINED WITH YOUR ACADEMIC AND WORKING PERFORMANCE AND THE OTHER PERSONAL LIFE:

\* CATITKAN NAMA, ALAMAT DAN PEKERJAAN DUA ORANG ( SELAIN DARI SAUDARA MARA ) YANG BOLEH MEMBERI MAKLUMAT MENGENAI DIRI ANDA

1	NAME NAME	ADRESS ALAMAT
	TEL NO NO TEL	OCCUPATION PEKERJAAN
2	NAME NAME	ADRESS ALAMAT
	TEL NO NO TEL	OCCUPATION PEKERJAAN

**GENERAL  
UMUM**

LANGUAGE CONVERSANT <i>PENGETAHUAN BAHASA</i>	<input type="checkbox"/> Malay	<input type="checkbox"/> English
SPOKEN <i>BAHASA PERTUTURAN</i>	<input type="checkbox"/> Malay	<input type="checkbox"/> English
WRITEN <i>TULISAN</i>	<input type="checkbox"/> Malay	<input type="checkbox"/> English
EXPECTED TO SIGN ON <i>JANGKAAN MULA BERTUGAS</i>		
EXPECTED SALARY <i>GAJI YANG DIMINTA</i>		

**OTHER**

1	HAVE YOU EVER BEEN SERIOUSLY ILL. STATE ILLNESS AND DATE <i>PERNAHKAN ANDA MENGHADAPI SEBARANG PENYAKIT YANG SERIUS. NYATAKAN JENIS PENYAKIT TERSEBUT DAN BILA ?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	GIVE PARTICULARS OF ANY PHYSICAL DISABILITY WHICH YOU MAY HAVE OR FROM WHICH YOU MAY HAVE SUFFERED INCLUDING ANY NERVOUS TROUBLE <i>BERIKAN KETERANGAN LANJUT SEKIRANYA ANDA PERNAH MENGLAMI SEBARANG KEHILANGAN DAYA KEMAMPUAN ATAU BERKAITAN</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	HAVE YOU EVER BEN CONVICTED FOR CRIMINAL OFFENCE <i>PERNAHKAN ANDA TERBABIT DALAM SEBARANG KESALAHAN JENAYAH</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	IF YES, STATE OFFENCE AND DATE OF CONVICTION AND DISCHARGE <i>JIKA YA, NYATAKAN KESALAHAN TERSEBUT DAN BILA</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	ARE YOU BONDED TO SERVE GORVERMENT. OTHER ORGANIZATION? YES/NO <i>ADAKAH ANDA PERNAH BERKHIDMAT DENGAN BADAN KERAJAAN ATAU LAIN-LAIN PERTUBUHAN? YA/TIDAK</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION TO BE SIGNED BY THE APPLICANT  
PENGAKUAN PEMOHON UNTUK DITANDATANGAN**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF CORRECT, AND THAT I HAVE WITHHELD NOTHING THAT WOULD AFFECT YHIS APPLICATION. I ALSO UNDERSTAND THAT IF EMPLOYED, MY SERVICE MAY BE TERMINATED IF ANY OF THE INFORMATION GIVEN ABOVE IS FALSE.

I UNDERSTAND THAT A STRICT MEDICAL EXAMINATION IS CONDITION PRECEDENT TO SELECTION FOR APPOINTMENT AND I EXPRESS MY WILLINGNESS TO BE EXAMINED (IF REQUIRED) AND TO FURNISH THE CONSULTING PHYSICIAN WITH FULL DETAILS OF MY PREVIOUS MEDICAL HISTORY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR OFFICE USE**  
**UNTUK KEGUNAAN PEJABAT**

Interviewed by:

1. NAME : \_\_\_\_\_

DATE : \_\_\_\_\_

DESIGNATION : \_\_\_\_\_

\* COMMENT : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Approved

Not Approved / Reject

KIV

