



E.A. Technique (M) Berhad
256516-W

Please affix
photograph

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

Note: All information given here will be treated in strict confidence
The completion of this application form does not necessarily mean an offer of employment
Delete / ignore wherever inapplicable

PERSONAL DETAILS

FULL NAME (as per NRIC) :	
PRESENT ADDRESS :	PERMANENT ADDRESS : (Leave blank if same as present address)
TELEPHONE NUMBER :	MOBILE NUMBER :
E-MAIL ADDRESS :	IC NO (NEW) : IC NO (OLD) :
DATE & PLACE OF BIRTH :	NATIONALITY :
EPF NO :	INCOME TAX NO:
MAYBANK ACC NO :	GENDER : Male Female <input type="checkbox"/> <input type="checkbox"/>
MARITAL STATUS : Single Married Divorced Widow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO OF CHILDREN :

FAMILY DETAILS

SPOUSE NAME (as per NRIC) :	
IC NO :	TELEPHONE NUMBER :
OCCUPATION :	INCOME TAX NO :

CHILDREN DETAILS

NO.	NAME	I/C NO. / DATE OF BIRTH	SCHOOL / INSTITUTION / COLLEGE / UNIVERSITY
1.			
2.			
3.			
4.			
5.			
6.			
7.			

PARENTS / BROTHERS / SISTERS DETAILS

NO.	NAME	RELATIONSHIP	AGE	OCCUPATION	COMPANY NAME
1.					
2.					
3.					
4.					
5.					
6.					
7.					

BENEFICIARY

NO.	NAME	RELATIONSHIP	I/C NO.	ADDRESS	CONTACT NO.
1.					
2.					

IN CASE OF EMERGENCY, PLEASE CONTACT:

NO.	NAME	RELATIONSHIP	I/C NO.	ADDRESS	CONTACT NO.
1.					
2.					

EDUCATION RECORD

SCHOOL / INSTITUTION / COLLEGE / UNIVERSITY	HIGHEST STANDARD PASSED (CERTIFICATE / DIPLOMA / DEGREE)	COURSE	OVERALL GRADE (CGPA)	DATE JOINED	DATE GRADUATED

DETAILS OF TRAINING CLASSES / COURSES PRESENTLY BEING PURSUED:

PARTICULARS	COMMENCEMENT DATE	EXPECTED DATE OF COMPLETION

PROFESSIONAL MEMBERSHIP

NAME OF PROFESSIONAL BODY	MEMBERSHIP POSITION / ID NO.	COMMENCEMENT DATE

EMPLOYMENT RECORD

CURRENT EMPLOYER'S NAME, ADDRESS & TEL NO:	TYPE OF BUSINESS :	POSITION HELD :
	PERIOD COVERED : From : To :	IMMEDIATE SUPERIOR / DESIGNATION :
	CURRENT SALARY :	OTHER ALLOWANCES :
	REASON FOR LEAVING :	
EMPLOYER'S NAME & ADDRESS:	TYPE OF BUSINESS :	POSITION HELD :
	PERIOD COVERED : From : To :	IMMEDIATE SUPERIOR / DESIGNATION :
	SALARY :	OTHER ALLOWANCES :
	REASON FOR LEAVING :	
EMPLOYER'S NAME & ADDRESS:	TYPE OF BUSINESS :	POSITION HELD :
	PERIOD COVERED : From : To :	IMMEDIATE SUPERIOR / DESIGNATION :
	SALARY :	OTHER ALLOWANCES :
	REASON FOR LEAVING :	

ANY OBJECTIONS TO REFERENCE BEING MADE TO YOUR

a) PAST EMPLOYERS	YES / NO	b) PRESENT EMPLOYER	YES / NO
-------------------	----------	---------------------	----------

GENERAL INFORMATION

EXPECTED SALARY :	NOTICE PERIOD :
ARE ANY RELATIVE WORKING AT EAT? If yes, please give details of department, name and relationship :	HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH EAT? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what position? _____
NAME :	
DEPARTMENT :	
RELATIONSHIP :	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? If 'YES', please state at which court: _____ Case: _____ Year of Conviction: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOU IN YOUR PREVIOUS EMPLOYMENT (S) / EDUCATIONAL INSTITUTION (S)? If 'YES', please state year of action taken: _____ Case: _____ Name of company/institution: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU BEEN DECLARED BANKRUPT? If 'YES', please state the year of bankruptcy declared upon you: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL DECLARATION :

State any major illness you have suffered, any physical impairment or deformities. For female applicant, please also declare if you are currently pregnant.

SPOKEN LANGUAGE :

WRITTEN LANGUAGE :

COMPUTER SKILL :

REFERENCE

REFERENCE 1 :		REFERENCE 2 :	
NAME		NAME	
POSITION		POSITION	
COMPANY NAME		COMPANY NAME	
CONTACT NO		CONTACT NO	
E-MAIL ADDRESS		E-MAIL ADDRESS	

DECLARATION AND SIGNATURE

I hereby declare that all the details given in this personal details form are to the best of my knowledge and belief, true and correct. This declaration shall, if I employed constitute an integral part of any contract of services between the company and myself. I agree and accept that if this declaration is in any part false or incorrect, the company reserves the right to terminate my service instantly.

SIGNATURE OF APPLICANT :

DATE :