



KUALA LUMPUR REGIONAL CENTRE FOR ARBITRATION

Job Application Form

Attachments:

- a) Photo
- b) CV
- c) Copy of certificates

Position Applied For:	Date Interviewed:
Location:	Minimum Expected Salary: RMper month

A. PERSONAL DATA				
Name: (As Per NRIC)		Birthdate: Day..... Mth..... Yr.....	Age:..... Yrs	
		Place of Birth:		
Race:	Religion:	Nationality:	NRIC No: (Old)	NRIC Colour:
Sex:	M	F	Marital Status:	
			NRIC No. (New)	

Mailing Address:			Permanent Address:			
Post Code:		City/State:	Post Code:		City/State:	
Phone No:	(H):	(O):	Ext:	(H/P):	(Pager):	
Income Tax No:			Driver's License: () Yes () No			
EPF No.			Own a car / Motorcycle: () Yes () No			
SOCSSO No.			Parents Name:	Father	Mother	
Emergency contact person:						
Relationship:						
Address:						
Age:						
Phone No.:				Occupation:		

B. DETAILS OF SPOUSE & FAMILY (Complete only if married)						
Name of Spouse:		Name of Children		No. of Dependant Children:.....		
Age:		1.	Age: yrs			
Spouse's Company:		2.	Age: yrs			
Type of Business:		3.	Age: yrs			
Spouse's Occupation:		4.	Age: yrs			
Tel. No: (O)		Ext:	(HP):	5.	Age: yrs	



C. EDUCATION BACKGROUND				
Level	Name of School / Institution	Course	Year Completed	Scholastic Achievement

D. (1) PROFESSIONAL / TECHNICAL COURSES			
Course Taken	Institution	Period	Professional Diploma Awarded

D. (2) PROFESSIONAL MEMBERSHIPS

E. LANGUAGE & DIALECTS PROFICIENCY						
	Speak		Read		Write	
Bahasa Malaysia	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
English	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Tamil	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Mandarin	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

P.C. Application Software:-	Word Processing	Spreadsheet	Accounting Software
	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	Specify:.....
Others, Please Specify:-			

Describe any of your work related skills, experience or training that relate to the position applied for: -

G. EDUCATION /DEVELOPMENT PLANS		
Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
If Yes / In Progress, Please specify:-		
Course	Date of Commencement	Date of Completion



H. EMPLOYMENT HISTORY		
For employment reference, may we contact:-		
Your previous employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Present /Previous Employer:	Period of employment: From :..... To:.....
Name:	Salary: Starting: RM..... per mth Current/Last: RM..... per mth
Address:	Job Title:
Telephone No:	Name of Supervisor:
Type of Business:	Reason for Leaving:
Duties/Responsibilities:	

Present /Previous Employer:	Period of employment: From :..... To:.....
Name:	Salary: Starting: RM..... per mth Current/Last: RM..... per mth
Address:	Job Title:
Telephone No:	Name of Supervisor:
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Address:	Job Title:
Telephone No:	Name of Supervisor:
Type of Business:	Reason for Leaving:
Duties/Responsibilities:	

I. HOBBIES / SOCIAL / COMMUNITY SERVICE
Hobbies & Interest: -



No.	Athletic / Civil Activities	No.	Clubs / Associations

Have you ever been convicted in a court of law?
 If so, provide details

Have you been, or are you suffering from any physical impairment of disease?
 If so, provide details

Do you have any relatives / friends working with our Company ? () Yes () No
 If yes, please indicate below: -
 Name:..... Department:..... Relationship:.....

If you are to be employed by us how much notice of resignation does your present employer require? Month(s).
 Date available to start work.....

J. REFEREES. (One must be from current or previous employment)	
Name:	Address:
Occupation:	
Position / Company:	
Contact No.:	

Name:	Address:
Occupation:	
Position / Company:	
Contact No.:	

DECLARATION

- I declare that the information given in this application is true and accurate and understand that any misrepresentation / withholding of information relating to the above may be sufficient to cause disqualification of my application or dismissal from the company's employment.
- Enclosed are my relevant certificates, documents and recent passport size photograph.

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 Signature of Applicant Date