

B. EDUCATION & PROFESSIONAL QUALIFICATIONS (SPM cert & above is a must)

NAME OF SCHOOL/ COLLEGES/ UNIVERSITIES	MONTH/YEAR		GRADE/RESULTS	QUALIFICATION OBTAINED
	FROM	TO		

* For **Degree** Holders, please indicate your grade or CGPA :

1st Class
 2nd Class upper
 2nd Class lower
 Others

or CGPA _____

C. LANGUAGES & DIALECTS

LANGUAGE / DIALECTS PROFICIENCY	WRITTEN	SPOKEN

* Please give rating (*Excellent, Good, Fair or Poor*) for the proficiency of languages listed

D. EMPLOYMENT RECORD

NAME & ADRESS OF CURRENT / LATEST EMPLOYER	POSITION	MONTH/YEAR	
	LAST DRAWN SALARY	FROM	TO

NO OF EMPLOYEES SUPERVISED BY YOU _____ NAME OF SUPERVISOR _____

DESCRIPTION OF DUTIES

REASON FOR LEAVING

DETAILS OF PREVIOUS EMPLOYMENT : -

MONTH/YEAR		NAME OF EMPLOYER / COMPANY	POSITION	SALARY	REASON FOR LEAVING
FROM	TO				

E. SKILLS & KNOWLEDGE

Please state your skills and any other knowledge (List technical or specialised skills relevant to this job, including computer knowledge)

F. ACTIVITIES & HOBBIES

Details of hobbies, recreation, games, etc

Club / Affiliations / Memberships / Societies, etc

G. ADDITIONAL INFORMATION

		YES	NO
1	Do you have a driving license?		
2	Do you possess own transport?		
3	Have you been terminated / dismissed / suspended from service of any employer?		
4	Do you have any objections of us making inquiries from your previous employer?		
5	Have you been charged or convicted for violation of any law, excluding minor traffic offences?		
6	Have you been found to have been adjudged a bankrupt?		
7	If you are offered an employment with us, when can you start? _____		
8	Do you have friend / relative working in this company?		
	If yes, Name _____ Relationship _____		
9	Do you suffer from any serious illness which requires long term treatment?		
	If yes, please specify _____ (eg: Diabetic, High Blood Pressure, etc)		
10	Do you have any disability, physical or otherwise?		
	If yes, please specify _____		
11	Are you currently pregnant? (<i>Applicable to ladies only</i>)		
	If yes, please indicate stage of pregnancy _____ months		
12	Are you / your spouse(s) / parents / children registered as a corporate nominee / agent with PIAM?		
	If yes, please specify _____		
	If no, I undertake to update the management as and when I am found to be in a position that will be conflicting to the interest of the company.		
	Signature: _____	Date: _____	

H. REFERENCES (*List 3 Referees who is not related to you*)

	Name	Address	Occupation	Tel No. / E-mail
1				
2				
3				

I. DECLARATION

I certify that my replies above are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or the withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment or for its immediate cancellation if any appointment has been accepted.

Signature: _____

Date: _____