



APPLICATION FORM

STRICTLY PRIVATE & CONFIDENTIAL

Suite M5-D-17, Pandan Arcade
Jalan Pandan Indah 4/1
Pandan Indah
55100 Kuala Lumpur
Tel: +60(3) 4296 2833
Fax: +60(3) 4296 3122
Email: support@dyakin.com
Website: www.dyakin.com

POSITION APPLIED		
How did you come to know about this vacant position ? Please Check (<input type="checkbox"/>) where applicable		
<input type="checkbox"/> Introduction <input type="checkbox"/> Walk - In <input type="checkbox"/> Employment Agency <input type="checkbox"/> D'Yakin Website	<input type="checkbox"/> Advertisement : <input type="checkbox"/> The Star : <input type="checkbox"/> China Press : <input type="checkbox"/> _____ <input type="checkbox"/> Online : <input type="checkbox"/> Jobstreet.com : <input type="checkbox"/> _____ : <input type="checkbox"/> _____	<div data-bbox="1129 958 1444 1361" style="border: 1px solid black; padding: 10px; text-align: center;">AFFIX RECENT PHOTOGRAPH (Passport Size)</div>

A. PERSONAL PARTICULARS

Full Name					
Present Address					
Permanent Residence					
Telephone Number (Home)				Handphone No.	
Date of Birth		Age		Sex	
Place of Birth				Marital Status	
Nationality		Religion		Race	
Height (cm)				Weight (kg)	
Identification Card No.				Passport No.	
EPF No.		SOCSSO No.		Income Tax No.	
Driving License No.				Date Obtained	
Driving License Class				Date of Expiry	
Have you had your driving license revoked by the police/ RTD/ Court ?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If your answer is YES, please state date :					
Have you ever been convicted of a criminal offence ?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Physical Disability (<i>if any</i>)					
Are you presently suffering from any dangerous/ infectious diseases or having any drug/ alcohol related addictions ?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been hospitalised for any operation or other reasons ?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

B. FAMILY PARTICULARS

Full Name <i>(Spouse/ Next-Of-Kin)</i>			
Occupation		Relationship	
Name & Address of Employer			
No.	Name of Children	Age	Sex
1			
2			
3			
4			
5			

C. ACADEMIC BACKGROUND

Type	School/ College/ University	Year		Qualification <i>(Discipline Grade)</i>
		From	To	
Secondary School				
College				
University				

D. LANGUAGE PROFICIENCY

Please check () where appropriate

Language	Written			Spoken			Read		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Bahasa Malaysia									
English									
Mandarin									
Tamil									
Others (<i>please specify</i>)									

E. SPECIAL SKILLS

COMPUTER SKILLS				
Other Computer Skills	General Computer Skills			
List below other computer skill that you have which may include knowledge of software not listed in the next column, or computer programming, computer repairing and engineering skills. Also state level of competency of each skill.	Software	Very Good	Fair	No Skills
	Microsoft Word			
	Microsoft Excel			
	Microsoft Access			
	Microsoft Outlook			
	Powerpoint			
	AutoCad			
	Version : _____			
	Version : _____			
	Version : _____			
3D Studio Max/Viz				
Adobe Photoshop				
mark appropriate box with an 'X' to indicate your level of competency for each of the software listed				
OTHER OFFICE SKILLS				
Typing Speed		Accounting Knowledge		
Shorthand Speed		Accounting Level		
To be filled only by secretarial/ clerical/ admin/ accounting applicants.			To be filled by accounting applicants	

F. CAREER HISTORY

Company's Name	Type Of Industry	Period Employed				Designation And Nature Of Work	Starting Salary (RM)	Last Drawing Salary (RM)	Reason For Leaving
		From		To					
		Mth	Yr	Mth	Yr				

G. PRESENT EMPLOYMENT

Company's Name			
Address			
Type of Industry		No. of Employees	
Date Joined		Date Left	
Position Joined		Position Left	
Reporting To		Reporting To	
Starting Salary (RM)		Last Drawn Salary (RM)	
Key Duties			
Reason for Leaving			

H. PRESENT SALARY & BENEFITS

Present Basic Salary	(RM)	Bonus	Month
Commission	%	Commission	(RM)
Allowances (if any)	1	RM :	
	2	RM :	
	3	RM :	
	4	RM :	
	5	RM :	
	6	RM :	
Does your company provide Staff Retirement Benefit ? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, How much ?	%	EPF - Employer Contribution	%
Others benefits (<i>Please Specify</i>) ie. Company Trip Training Study Sponsorship			
If offered employment, when can you join us?		Notice period to resign	Expected Salary
			Min. Salary to Consider

I. REFERENCES

Referees Who Could Testify To Your Character And Work Experience.				
No	Name	Company/ Occupation	Contact No.	Years Known
1				
2				
3				
4				
5				
6				

J. DECLARATION

I hereby certify that the information given in this application is true and correct and that it shall form as part of any subsequent contract of employment. In the event that any or all of the above information is found to be false. I understand and shall accept full liability for any action undertaken by the company, which may include immediate dismissal.

Date : _____

Signature : _____

For Office Use						
Remark						
Final Interview <input type="checkbox"/>	Yes		No		Date of Final Interview	
Application Approved? <input type="checkbox"/>	Yes		No		Reason	
					Salary	
Date to Start Work					Benefit	
Position					Status	<input type="checkbox"/> Confirmed <input type="checkbox"/> Reject
Interviewed By					Signature (Director)	
Signature						