



DUTAMAS SEMESTA SDN BHD
HUMAN RESOURCE DEPARTMENT

JOB APPLICATION FORM

PHOTO

1) PERSONAL INFORMATION (Maklumat Peribadi)

FULL NAME [AS PER NRIC]	:				
NRIC NO. (NO. K/P)	:		DATE OF BIRTH :		
PLACE OF BIRTH	:				
GENDER	:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
BLOOD GROUP	:		HEIGHT :		WEIGHT :
HOME ADDRESS	:				
	:				
CURRENT ADDRESS :	:				
	:				
	:				
MOBILE / TEL. NO.	:	HOME :	MOBILE 1 :	MOBILE 2 :	
E-MAIL ADDRESS (EMEL)	:				
DO YOU HAVE A DRIVING LICENSE ?	:	B	<input type="checkbox"/>	C	<input type="checkbox"/>
	:	D	<input type="checkbox"/>	E	<input type="checkbox"/>
	:	F	<input type="checkbox"/>	NO	<input type="checkbox"/>
MARITAL STATUS	:	MARRIED	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>
	:			DIVORCED	<input type="checkbox"/>
DO YOU SMOKE ?	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

2) PARENTS / SPOUSE / SIBLINGS / CHILDREN'S INFORMATION

NAME	RELATIONSHIP	AGE	OCCUPATION	PLACE OF WORK / STUDY



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3) EMERGENCY CONTACT PERSON :

	NAME	RELATIONSHIP	CONTACT NUMBER
1.			
2.			

4) QUALIFICATIONS

	INSTITUTION NAME	MAJOR / FIELD	START DATE	END DATE	RESULT CGPA
PRIMARY SCHOOL					
SECONDARY SCHOOL					
DIPLOMA					
ASSOCIATE DEGREE					
LICENSE					
DOCTORATE					

5) FLUENCY OF LANGUAGES

LANGUAGE	READING	WRITE	SPEAKING	
ENGLISH				
BAHASA MALAYSIA				
MANDARIN				
OTHER LANGUAGE/S (SPECIFY) :				
1)				
RATING / SCORE :	POOR = 1	AVERAGE = 2	GOOD = 3	EXCELLENT = 4

6) COMPUTER KNOWLEDGE

PROGRAM	POOR	AVERAGE	GOOD	EXCELLENT
EXCEL				
WORD				
POWER POINT				
OTHER (SPECIFY) : _____				

6) SOCIAL MEDIA ACCOUNT:

FB : _____
IG : _____
OTHERS : _____



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7) WORK EXPERIENCE (The latest to earliest)

COMPANY NAME	ROLES / POSITION	DATE OF ENTER	DATE OF LEAVING	REASON FOR LEAVING	CURRENT SALARY

8) COURSES / SEMINARS / CERTIFICATES / AWARDS

SUBJECT / MATTER	NAME OF INSTITUTION	HOURS	DATE

9)	EPF (KWSP) NO. : _____	SOSCO NO. : _____
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10) YOUR HOBBIES

11) MEDICAL HISTORY

1)	CURRENTLY, HOW IS YOUR HEALTH CONDITION ?
2)	HAVE YOU BEING OPERATED OR HAVE SURGICAL OPERATION BEFORE, OR SUFFER ANY SICKNESS ? PLEASE ELABORATE.



12) REFEREES

FULL NAME	COMPANY	POSITION	PHONE NUMBER

13)

MONTHLY SALARY EXPECTATION	:	_____
AVAILABLE DATE TO START WORK	:	_____

DECLARATION

All the above information and details stated above are correct and true.

If there is any false information / details found, the Management can take any action against me including immediate termination of my employment with the Company.

Date :

Applicant's signature