



EMPLOYMENT APPLICATION FORM

Doc. No. : SH20-EAF-XXX-000 rev.00

Date : _____
 Position Applied For : _____
 Company : _____

(Recent Passport Sized
Photograph)

Please Read These Instructions Carefully

1. This form is to be completed before interview session
2. Do not leave any item in blank. If it is not applicable to you, please indicate "N.A."
3. Please attach a copy of your IC or passport showing all relevant details.
4. Please attach photocopies of all your relevant certificate & present the original certificate during interview.

Candidate Information

Name (according to I/C or passport) : _____
 Address (according to I/C) : _____

 Address (residence) : _____

 No. Phone (Mobile) : _____ No. Phone (Home) : _____
 Date of Birth : dd/mm/yyyy Place of Birth : _____
 Age : _____ Sex: _____ Marital Status : _____ Race : _____
 Religion : _____ Nationality : _____ Blood Type: _____
 MyKad / Passport No. _____ Driving License : _____
 EPF No. : _____ SOCSO : _____ LHDN : _____

Family Information

Spouse (according to I/C or passport) : _____
 Occupation : _____ No. Phone (Mobile) : _____
 Company Address : _____

Family Members (children/siblings)

No.	Name	Age	School/Institute/Company

Emergency Contact

No.	Name	Relationship	Contact No.

Education And Skills Information				
Education Type	Institution Name	Year Attended		Qualification Obtained
		From	To	
Primary				
Secondary				
College/University				
College/University				
College/University				
College/University				
Others				
Others				

No.	Training/Certification	Provider/Institute	Year

Skills	Description	Level	Years
Computer	MS Office Home Edition (2016)		

Language	Level			Years
	Spoken	Listening	Read	

Level : 1 = Beginner 5 = Intermediate 10 = Professional

Employment History Information	
Company Name:	_____
Type of Business/Industry :	_____
Position Held :	_____
Task/Duties :	_____

Start : _____	Starting Salary (MYR) : _____
End : _____	Last Salary (MYR) : _____
Reason For Leaving :	_____
Superior : _____	Phone No. : _____
Company Name:	_____
Type of Business/Industry :	_____
Position Held :	_____
Task/Duties :	_____

Start : _____	Starting Salary (MYR) : _____
End : _____	Last Salary (MYR) : _____
Reason For Leaving :	_____
Superior : _____	Phone No. : _____

Company Name: _____
 Type of Business/Industry : _____
 Position Held : _____
 Task/Duties : _____

 Start : _____ Starting Salary (MYR) : _____
 End : _____ Last Salary (MYR) : _____
 Reason For Leaving : _____
 Superior : _____ Phone No. : _____

 Expected Salary : _____
 Allowance : _____
 Availability : _____

Declaration

1. Do you have relatives from Syrefl Holdings Sdn Bhd and its subsidiary?
 If yes, provide details;
 Name: _____ Relationship: _____
 Company : _____ Positions : _____
2. Have you been interviewed for any position(s) in Syrefl Holdings Sdn Bhd and its subsidiary?
 If yes, provide details;
 Date : _____ Position : _____
3. Has your driving license ever been suspended?
 If yes, provide details; _____
4. Have you ever been convicted in a court of law?
 If yes, provide details; _____
5. Are you waiting for any kind of court proceedings against you?
 If yes, provide details; _____
6. Do you have any medical condition which may render you unfit to work?
 If yes, provide details; _____
7. Do you have any physical disabilities which may render you unfit to work?
 If yes, provide details; _____
8. Have you ever declared bankruptcy?
 If yes, provide details; _____
9. Are you currently hold directorship in any company registered under Companies Commission of Malaysia?
 If yes, provide details; _____
10. Are you willing to go for outstations?
 Yes No
11. Are you willing to relocate?
 Yes No

I declare that I have read and completed this application myself. The information given here is true to the best of my knowledge and I have not wilfully suppressed any material fact. I understand that any offer is conditional until the verification of any or all of the information. Any false declaration, misleading or false information or the omission of a material fact and may render my application invalid or termination of existing access.

I further declare that I shall be liable if I have knowingly or recklessly made a false statement or omitted any relevant information, resulting in damages directly or indirectly sustained by Syrefl Holdings Sdn Bhd .

I understand that Syrefl Holdings Sdn Bhd may share this information with other agencies (never individuals) if necessary for prevention of crime or disorder, or for purposes provided under applicable privacy laws. I authorize the verification checks to be made about me including criminal convictions and the results of these checks to be communicated to the company. I understand that all information will be kept confidential by Syrefl Holdings Sdn Bhd. I agree to comply with such guidelines as may be issued by the Company from time to time.

I undertake to inform Syrefl Holdings Sdn Bhd within 14 days if I am charged with, or convicted of, any new criminal offence; receive a police caution; am disqualified from driving; made the subject of a mental health or sexual offences order; or if my medical status changes in any way that would affect my capability to work with Syrefl Holdings Sdn Bhd .

I confirm I have read and understood the declarations above, including the permissions contained therein.

 Signature of Applicant

 Date

For Human Resources Use Only

Requestor / Interviewer 1

Name: _____

Remarks/Comments : _____

Application Status : _____

Requestor / Interviewer 2

Name: _____

Remarks/Comments : _____

Application Status : _____

Human Resources

Name: _____

Remarks/Comments : _____

Application Status : _____

Position Offered : _____

Company : _____

Report Duty Date : _____

Reporting Line : _____

Salary Offered : _____

Allowance : _____

Packages : _____

Staff ID : _____ Access Card No. : _____

email address : _____

Bank Name : _____

Acc. No. : _____