LaurelCap
Trust | Integrity | Expertise

LAURELCAP GROUP OF COMPANIES

Company Name: _____

Recent Passport Photograph

APPLICATION FOR EMPLOYMENT

Note: a) Please read through this form carefully and fill in block letters
b) It should be returned with one photocopy of I.C. and one passport size photograph (n.r)

POSITION APPLIED FOR :	**PROJECT :**

1. PERSONAL DETAILS

Full Name: Mr/Mrs/Miss : _____

Corresponding Address : _____

_____ Tel. No: _____

Permanent Address : _____

_____ Tel. No: _____

Date of Birth : _____ Have you contributed to Socso? Yes: ☐ No: ☐

Place of Birth : _____ Socso No: _____

Nationality : _____ Race: _____

Age : _____ Religion: _____

Sex : _____ Marital Status: _____

NRIC No. (Old) : _____ NRIC No. (New): _____

Height : _____ Weight : _____

E-Mail Address : _____ E.P.F. No: _____

Income Tax No : _____ Branch Where Income Tax File Kept: _____

2. PARTICULARS OF FAMILY

(a) Father's Name : _____ Occupation: _____

Mother's Name: _____ Occupation: _____

No. of Brothers and Sisters: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (Please circle)

List of Brothers and Sisters with their names, age and occupation:

Name	Age	Occupation

If married, please fill in the following:

Name of Spouse : _____ Date of Marriage : _____

Place of Work of Spouse : _____ Occupation of Spouse : _____

_____ Spouse's Income Tax No : _____

_____ Spouse's NRIC No : _____

_____ Total No. of Children : _____

Spouse's Hometown address: _____

_____

List of children with their names, sex and dates of birth:

Name	Sex	Date of Birth

3. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: Dr/Mr/Mrs/Ms : _____

Address: _____

_____ Tel. No: _____

Relationship with applicant: _____ H/P: _____

4. LIST OF NAMES OF RELATIVES/FRIENDS EMPLOYED IN THIS COMPANY

Yes ☐ **No** ☐

Name	Relationship

5. EDUCATION AND TRAINING

(a) Tertiary (if any)

	Qualification Acquired	Name of University/ College/Institution	Year of Graduation
1st Degree (including Honours, if any)			
2nd Degree (if any)			
Diploma			
Professional/Technical/ Commercial Certificate			
Others			

School	Period		Highest Std. Passed	Certificates Obtained	Grade
	From	To			

IMPORTANT :(1) Photocopies of the above results/certificates are to be attached.

(2) Original copies of certificates, testimonials, etc. must be produced during interview.

(b) Courses and Seminar Attended

Name of Institute or Organizer	Title of Course or Topic	Duration of Courses
(a)		
(b)		
(c)		

6. LINGUISTIC ABILITY

Languages/Dialects	Spoken	Written	Read
(a)			
(b)			
(c)			
(d)			

7. EMPLOYMENT RECORDS (start with most recent employment)

From	To	Salary		Exact Title Of Your Position
Mth/Yr	Mth/Yr	Initial	Last	
Name & Address of Employer				Name Of Supervisor
				Number & Kind of Employees Supervised By You
Reason(s) For Leaving:				
Description Of Your Duties:				

From	To	Salary		Exact Title Of Your Position
Mth/Yr	Mth/Yr	Initial	Last	
Name & Address of Employer				Name Of Supervisor
				Number & Kind of Employees Supervised By You
Reason(s) For Leaving:				
Description Of Your Duties:				

From	To	Salary		Exact Title Of Your Position
Mth/Yr	Mth/Yr	Initial	Last	
Name & Address of Employer				Name Of Supervisor
				Number & Kind of Employees Supervised By You
Reason(s) For Leaving:				
Description Of Your Duties:				

May we contact your employer? ☐ Yes ☐ No

8. REFERENCES

Give the names, addresses and occupations of two referees, other than your own relatives.

(a) Name: Mr/Mrs/Miss: _____

Address: _____

_____ Tel No: _____

Period referee known to you: Relationship with you: _____

Occupation: _____ Relationship: _____

(b) Name: Mr/Mrs/Miss: _____

Address: _____

_____ Tel No: _____

Period referee known to you: Relationship with you: _____

Occupation: _____ Relationship: _____

Do you agree we contact them for reference? Yes ☐ No ☐

9. OTHER INFORMATION

a) Have you ever been convicted for any criminal offence in any Court of Law, whether in Malaysia or overseas ☐ Yes ☐ No

b) Are you an official member of any club, association, church, community centre, etc.?

_____

_____

c) Do you own a car or motorcycle? Yes / No If yes, indicate type: _____

d) Do you have an insurance coverage? Yes/ No If yes, indicate type : _____

e) Have you any physical disability, handicap, serious illness or accidental injury? If yes, explain fully

_____

10. Your Present Monthly Basic Salary : _____

Allowance Received by you : _____

What is the termination Notice Period : _____

When can you start work : _____

Expected Salary : _____

I hereby declare that the particulars given by me in this application form are to the best of my knowledge and belief correct and true. I fully understand and accept that if I am employed; my false statements on this application form shall be considered sufficient cause for dismissal.

Date: _____

Signature of Applicant :_____

Name : _____

NRI/C No. : _____