



CODE :
DATE :
CIC :

Position Applied : _____ Expected Salary : _____

Location Preferred : _____

Position Type : Permanent Temp/Contract Part Time

Notice Period : _____ Days of annual leave left : _____ Availability : _____

What is your Career Goal?

Job Preference: Kindly rate (1, 2, 3, according to priority)

Job Satisfaction Career Platform Remuneration Package

PERSONAL PARTICULARS

Name : _____ Age : _____ Gender : _____

Current Address: _____

Tel (O) : _____ Race : _____ Nationality : _____ DOB : _____

(H) : _____ Religion : _____ Marital Status : _____ Height : _____

H/Phone: _____ IC (New) : _____ No of Children : _____ Weight : _____

Email : _____ Own Vehicle: Yes No Driving License :

QUALIFICATION

Year	Qualification	Grade	School/College/Uni.	Subj	SPM	UEC
				BM		
				BI		
				Math		
				BC		
				ACC		
				MUET		

LANGUAGE PROFICIENCY	Proficiency (Best = 6 - Poor = 1)	Able to write (√ / X)	SKILL	(Advanced, Intermediate, Beginner)
	Spoken	Written		
English			MS Word	
Malay			MS Excel	
Mandarin			MS PowerPoint	
Others :			MS Access	
			Others :	

Accounting System	
Computer System	

WORKING EXPERIENCE - Starting from most recent employment

Company:			Location:	
Position:		Business Nature:		No of Staff:
Duration: (MM/YY) From:		To:	Reason for leaving:	
Remuneration Package	Basic Salary:	Commission:	Allowance:	
For Office Use Only				

Company:			Location:	
Position:		Business Nature:		No of Staff:
Duration: (MM/YY) From:		To:	Reason for leaving:	
Remuneration Package	Basic Salary:	Commission:	Allowance:	
For Office Use Only				

Company:			Location:	
Position:		Business Nature:		No of Staff:
Duration: (MM/YY) From:		To:	Reason for leaving:	
Remuneration Package	Basic Salary:	Commission:	Allowance:	
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Duration: (MM/YY) From:		To:	Reason for leaving:	
Remuneration Package	Basic Salary:	Commission:	Allowance:	
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ACCOMPLISHMENT/ACHIEVEMENT:

PERSONAL REFERENCE (list down name of 2 referees, excluding relatives)

Relationship	Name	Company	Occupation	Tel
Immediate /Former Superior				
Colleague				

IMMEDIATE FAMILY

Relationship	Name	Occupation	Tel
Spouse			
Next of Kin			

PERSONAL DECLARATION

- Are you a smoker? No Yes
- Have you ever been convicted of any offence? No Yes, please specify _____
- Have you ever been declared a bankrupt? No Yes, please specify _____
- Have you ever been dismissed or suspended from any position? No Yes, please specify _____
- Have you ever suffered from any physical disability, chronic, epilepsy, mental breakdown or depression? No Yes, please specify _____
- Are you on any form of medication at the present? No Yes, please specify _____
- Are you pregnant now? (for female only) No Yes, please specify _____
- Have you been or are you a drug addiction? No Yes, please specify _____
- How do you know about Bright Prospect? Newspapers Friends Notices Board Internet

Declaration:

I declare that the information given in this form is to the best of my knowledge and in every respect true and correct. The employer has the right to terminate my employment without notice if I have been found to submit false information to secure the employment.

I hereby confirm receipt of your notice pursuant to the Personal Data Protection Act 2010 and consent to the processing of my personal data as well as my sensitive personal data in accordance with your said Notice as per Appendix 1.

Signature:

Name:
IC NO:

FOR OFFICE USE ONLY

Date	Time	Position	Company	Remark

	Excellent	Good	Fair	Poor	Very Poor
Comm. Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness/Mannerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
