



**EMPLOYMENT APPLICATION FORM
ABX CORPORATION SDN BHD (572695-V)
& UTS GROUP OF COMPANIES**



INSTRUCTIONS:

1. Please read the application form carefully and complete it in BLOCK LETTERS.
2. Please return the completed application form together with one (1) recent passport size photograph and photocopy of IC (both sides).
3. Please attach copies of relevant certificates/testimonials as well.
4. Please bring along your original documents during the interview.

Affix
A Recent
Passport Size
Photograph
Here

| | | |
|-----------------------------|-----------|-------------------------|
| POSITION APPLIED FOR | 1: | Expected Salary: |
| | 2: | 1: |
| | | 2: |

A PERSONAL PARTICULARS

| | | |
|---|------------------------------------|---|
| Name : (as in IC/Passport) | | |
| Address (Permanent): | | Tel No: |
| Address (Correspondence): | | Tel No Office: Home: Hand phone: |
| Nationality: | Race: | Religion: |
| Sex: | Marital Status: | No. of Dependent Children: |
| IC/Passport No Old (If any): New : | Date of Birth: Age: | Place of Birth: |
| EPF No: | Income Tax No: (If any) | Driving License: Yes / No Class(es): |

B PARTICULARS OF FAMILY MEMBERS

| | |
|-------------------------------------|---------------------------------------|
| Name of Spouse: | NRIC No: Tel No: |
| Office Address & Tel No: | Occupation: Income Tax No: |
| Name of Father: | Age: |
| Occupation: | Tel No: |

| | |
|------------------------|----------------|
| Address: | Tel No: |
| Name of Mother: | Age: |
| Occupation: | Tel No: |
| Address: | Tel No: |

C PARTICULARS OF EDUCATION

| School/College/University | Name & Place of School/College/University | Period | | Qualification/Certificate Obtained |
|----------------------------------|---|--------|----|------------------------------------|
| | | From | To | |
| Primary (Std 1 to 6) | | | | |
| Secondary (Form 1 to 5) | | | | |
| Form 6/ Pre-University | | | | |
| Institute | | | | |
| College | | | | |
| University | | | | |
| Others | | | | |
| Scholarships, awards and honours | Particulars: | | | |

D EMPLOYMENT RECORD

| Period | | Employer & Address | Position/Duties | Last Salary | Reason for Leaving |
|---|----|--------------------|-----------------|-------------|--------------------|
| From | To | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| If currently employed, state notice required to terminate employment: | | | | | Employer's Tel No: |

E RELATIVES & FRIENDS WORKING IN ABX/UTSL

| | | |
|-------|--------------|--------------|
| Name: | Department : | Designation: |
| Name: | Department: | Designation: |
| Name: | Department: | Designation: |

F MEMBERSHIP OF TRADE OR PROFESSIONAL BODIES

| Name of Bodies | Date Admitted/Registered | Status of Membership |
|----------------|--------------------------|----------------------|
| | | |
| | | |
| | | |

G LANGUAGES (Tick Appropriate Box)

| Languages/Dialects | Spoken | | | Written | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Good | Fair | Poor | Good | Fair | Poor |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H REFERENCES – State 2 referees not related to you who could testify to your character and work experience

| Name: | Occupation & Organization: | Years Known: | Telephone No: |
|-------|----------------------------|--------------|---------------|
| | | | |
| | | | |

| I NEXT OF KIN – State any 2 of your brothers/sisters not living with you | | | |
|---|-----------------|---------------------------------------|----------------------|
| Name: | Address: | Occupation & Organization: | Telephone No: |
| | | | |
| | | | |

| J GENERAL AND ADDITIONAL INFORMATION | | | |
|---|------------|-----------|-------------------------------|
| General Information | Yes | No | If Yes, Please explain |
| Pregnant/ <i>hamil</i> (For female applicant only/ <i>untuk pemohon wanita sahaja</i>) | | | |
| Dismissed from my employment because of misconduct (<i>Di buang kerja kerana salah laku</i>) | | | |
| Arrested and convicted in any court of law or detained under the provisions of any written law (<i>Ditangkap dan dihukum oleh sebarang mahkamah undang-undang atau ditahan dibawah sebarang peruntukan undang-undang bertulis</i>). | | | |
| Serious illness, chronic disease, physical handicap or other disablement (<i>Mengidap penyakit yang teruk atau berpanjangan, sebarang kecacatan atau hilang upaya</i>). | | | |
| Declared bankrupt or having any order made against me under the Bankruptcy Act 1967 (<i>Diistiharkan bankrap/muflis atau dihukum di bawah Akta Kebangkrapan 1967</i>). | | | |

| K DECLARATION |
|----------------------|
|----------------------|

I hereby declare that I have taken all the necessary steps to understand the requirements in this application form and to the best of my knowledge the information given by me in this form is true and correct in every respect. Further, I have not withheld any material fact and information which may affect my application. I fully understand and agree that any false information revealed after the engagement shall render my service to be terminated by the Company. (*Saya dengan ini mengaku bahawa saya telah mengambil langkah-langkah yang sepatutnya untuk memahami butir-butir yang diperlukan di dalam borang permohonan ini dan sepanjang pengetahuan saya semua maklumat yang saya berikan di dalam borang ini adalah betul dan benar belaka. Saya juga tidak menyembunyikan sebarang fakta dan maklumat penting yang boleh menjejaskan permohonan saya. Saya benar-benar faham dan bersetuju bahawa sebarang keterangan dan maklumat yang diberikan jika didapati tidak benar atau palsu selepas saya diambil bekerja boleh mengakibatkan perkhidmatan saya ditamatkan oleh Syarikat*).

Date of Application

Signature of Applicant

=====

FOR OFFICE USE ONLY:

Interviewer's Comments:

RECOMMENDATION

Employ

Consider

Reject

| | | | |
|------------------|----------------------------|----------------------|--|
| Position: | Department/Section: | Commencement: | Starting Salary/ Allowances/Incentives: |
| | | | |

Signature of Department Head: _____

Date: _____

APPROVAL

| | | | |
|----------------------|-------------------------|-------------------------------|----------------|
| Commencement: | Starting Salary: | Allowances/Incentives: | Others: |
| | | | |

Signature of CEO/ED/RM/BM: _____

Date: _____