

Application Form for Employment

Post Applied For				Please attach latest passport-sized photograph here
Date of Availability				
Referral Source	<input type="checkbox"/> Friend	<input type="checkbox"/> Relatives	<input type="checkbox"/> Pamphlet	
	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Others:	

A. Personal Details				
Full Name				
Full Name (Chinese Character)		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone No.	(Handphone)		(Home)	
Email				
New IC No. (XXXXXX-XX-XXXX)				
Date of Birth				
Place of Birth				
Nationality				
Permanent Address				
	Postcode		State	
Mailing Address				
	Postcode		State	
Driving License	<input type="checkbox"/> B2	<input type="checkbox"/> D	<input type="checkbox"/> Others:	
Race	<input type="checkbox"/> Malay	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Others:
Religion	<input type="checkbox"/> Islam	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Christian <input type="checkbox"/> Others:
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
Height	cm		Weight	kg
Pregnant (For Female only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Blood Group
No. of Siblings			You are no.	

B. Family Particulars			
Relationship	Full Name	Telephone No.	Occupation
Father			
Mother			
For Married Candidates Only			
Spouse Name			
New IC No. (XXXXXX-XX-XXXX)		Telephone No.	
Date of Married		Occupation	
No. of Children (Age Group)	<input type="checkbox"/> < 1 Years Old	<input type="checkbox"/> 1-18 Years Old	<input type="checkbox"/> > 18 Years Old
Relationship	Full Name	Telephone No.	Occupation
Father In Law			
Mother In Law			

C. Emergency Contact Person and Next Of Kin			
Category	Full Name	Relationship	Telephone No.
Emergency Contact Person			
Next of Kin			

D. Relative/ Friend Working in Shimano		
Full Name	Relationship	Department

E. Linguistic Ability			
Ability	Spoken	Read	Written
Language			
English			
Malay			
Chinese			
Japanese			

Ability Rating: 01 = Poor to 10 = Good

F. Academic Achievements

Level	Education	Name of Education Institution		Period	
				From (YYYY)	To (YYYY)
Secondary					
College					
	Course		Latest CGPA	/ 4.00	
				Period of Course	Year
University					
	Course		Latest CGPA	/ 4.00	
				Period of Course	Year

The above qualification has been fully attained or acquired?

Yes
 No
 Fully attained but waiting for the final result at the present moment

*Please attach photocopy of above certificates to proof your qualification

G. Extracurricular Activities

i. Clubs/ Societies/ Activities

Year (Recent on top)	Name of Club/ Society/ Activity	Position Held (Eg: President/ Secretary/ Committee/ Member/ etc)	Institution

ii. Sports/ Games

Year (Recent on top)	Type of Sports/ Games/ Debate/ etc	*Level Represented	Institution

*International/ Country/ State/ Zone/ University/ College/ School

H. Working Experience (if applicable)

Name of Company	Place	Date Joined		Designation	Last Drawn Salary (RM)	Reason of leaving
		From (MM/YYYY)	To (MM/YYYY)			
Have you ever/ still under employed by Shimano's vendor or Shimano Components (Malaysia) Sdn Bhd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name					
	Department					
	Department Head					
	Period (MM/YYYY – MM/YYYY)		to			

I. Other Information

1. Are you vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had any criminal conviction (include narcotics related case)? If yes, please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been refused service by bank (example loan/ credit card)? If yes, please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had or now suffering from any minor/ major illness, accident, physical disabilities or eye problem? If yes, please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever suspended or terminated by your previous employer? If yes, please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you prepare to work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to work in shift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you agree to perform work in standing position throughout working hours, if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to undertake oversea assignment/ oversea training during the employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Please state any additional information which you feel may be helpful to us in considering your application.		
11. Minimum expected basic salary	RM	

J. Declaration

I certify that information given herein are true and complete to the best of my knowledge. I authorize Shimano and/ or its' subsidiaries for the collection, processing, use, disclosure of my personal data and for the investigation of all statements contained in this application of employment to determine my suitability, eligibility or qualifications for employment. Shimano and/ or its' subsidiaries can also share this data with third parties and third party organizations including background screening agencies, service providers, credit reference agencies or for the application for work pass. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal without any form of compensation.

Applicant's Signature: _____ Date: _____