



ANQAS CERTIFICATION SDN. BHD. (1290274-U)

D-02-16, Tingkat 1, Jalan Sri Kenari 14, Taman Sri Kenari Fasa 2,
 43000 Kajang, Selangor Darul Ehsan, Malaysia.

Tel: 03-3310 0031/03-8740 5737/9447

Fax: 03-8740 2287

Website: www.anqascertification.com,

E-Mail: enquiry@anqascertification.com

POSITION APPLIED:

DATE:

This form is to be completed in **BLOCK LETTER**.
 Please attach copies of certificates and testimonials.
 Tick (v) boxes as an appropriate.

A. PERSONAL DETAIL

FULL NAME			
PRESENT ADDRESS			
NRIC		RELIGION	
DATE OF BIRTH		PLACE OF BIRTH	
SEX		TEL NO (MOBILE)	
MARITAL STATUS		TEL NO (HOUSE)	
DRIVING LICENCE		EPF NO.	
NATIONALITY		SOCSO NO.	

B. FAMILY DETAIL

FULL NAME OF SPOUSE	
PROFESSION	
TEL NO (MOBILE)	
TEL NO (HOUSE)	

CHILDREN

NAME	SEX	AGE

PARENTS

FULL NAME OF FATHER	
PROFESSION	
TEL NO (MOBILE)	
TEL NO (HOUSE)	
FULL NAME OF MOTHER	
PROFESSION	
TEL NO (MOBILE)	
TEL NO (HOUSE)	

SIBLINGS

NAME	SEX	AGE

C. EDUCATION						
EDUCATION INSTITUTIONS	YEAR		RESULT			
	FROM	TO				
SECONDARY SCHOOL						
COLLEGE / UNIVERSITY						
OTHER TRAINING ATTENDED						
D. HOBBIES, SPORTS, MEMBERSHIP OF SOCIETIES						
E. OTHERS SKILLS (ie: computer, typing, etc..)						
F. SPECIAL AWARDS / ACHIEVEMENT						
G. LEVEL OF PROFICIENCY						
LANGUAGES	WRITTEN			SPOKEN		
	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
BAHASA MALAYSIA						
ENGLISH						
MANDARIN						
TAMIL						

H. PRESENT EMPLOYMENT RECORD	
PRESENT EMPLOYER	
NATURE OF BUSINESS	
ADDRESS	
PRESENT POSITION	
JOB TITLE	
BASIC SALARY	
OTHER ALLOWANCE	
I. REASON FOR LEAVING	
J. OTHER DETAILS	
1. HAVE YOU EVER BEEN ARRESTED AND CONVICTED IN ANY COURT OF LAW OR DETAINED UNDER THE PROVISIONS OF ANY WRITTEN LAW?	
2. ARE YOU SUFFERING OR HAVE YOU SUFFERED FROM ANY SERIOUS ILLNESS OR ANY CHRONIC DISEASES, PHYSICAL, HANDICAP AND OTHER DISABLEMENT?	
EXPECTED SALARY	
DATE AVAILABLE TO COMENCE WORK	

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION ARE TRUE AND CORRECT IN EVERY RESPECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT KNOWINGLY WITHOLD ANY FACTS OR CIRCUMSTANCES IF DISCLOSED WILL AFFECT MY APPLICATION UNFAVOURABLY.

I FULLY UNDERSTAND AND ACCEPT THAT IF AT ANY TIME AFTER ENGAGEMENT IT IS FOUND THAT A FALSE DECLARATION HAS BEEN MADE IN THIS FORM, THE COMPANY HAS THE ABSOLUTE RIGHT TO TERMINATE MY EMPLOYMENT IMMEDIATELY.

DATE OF APPLICATION

SIGNATURE OF APPLICANT
