



WAKOMAS

WAKOMAS Chemical Sdn Bhd

JOB APPLICATION FORM (JAF)

PERSONAL PARTICULARS

PERSONAL INFORMATION

FULL NAME (UNDERLINE SURNAME)		PLEASE AFFIX RECENT PASSPORT- SIZE PHOTOGRAPH
PERMANENT ADDRESS (full address)		
CORRESPONDENCE ADDRESS		
MOBILE NO.	EMAIL ADDRESS	
NRIC NUMBER	NRIC COLOR	
DATE OF BIRTH DD/MM/YYYY	CURRENT AGE	PLACE OF BIRTH
RACE	RELIGION	
NATIONALITY AT BIRTH	OTHER NATIONALITY (IF ANY)	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

DESIRED EMPLOYMENT

EMPLOYMENT TYPE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> INTERNSHIP	POSITION APPLYING FOR	DESIRED SALARY	DATE YOU CAN START DD/MM/YYYY
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FAMILY PARTICULARS

MARITAL STATUS

 SINGLE MARRIED DIVORCED WIDOWED

SINGLE / MARRIED (PARENTS, SIBLINGS, SPOUSE & CHILDREN)

NO.	RELATIONSHIP	NAME	AGE	ADDRESS	EMPLOYER NAME	POSITION

LANGUAGE PROFICIENCY

LANGUAGE	WRITTEN (INDICATE STANDARD)	SPOKEN (INDICATE FLUENCY)



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EDUCATIONS

EDUCATION *(start from most recent to oldest)*

UNIVERSITY/SCHOOL	DATE GRADUATED	QUALIFICATIONS	RESULT
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/ YYYY		
	DD/MM/YYYY		

SPECIALISED TRAINING AND PROFESSIONAL QUALIFICATION

DETAILS OF OTHER SPECIALIZED TRAINING, KNOWLEDGE, OR EXPERIENCE E.G., STUDENT APPRENTICESHIPS OR PRACTICAL EXPERIENCE AS PART OF UNIVERSITY WORK.

PROFESSIONAL OR OTHER QUALIFICATIONS INCLUDING MEMBERSHIP IN PROFESSIONAL BODIES.

EXTRACURRICULAR ACTIVITIES

STATE PARTICIPATION IN EXTRACURRICULAR ACTIVITIES, POSITIONS OF RESPONSIBILITIES HELD AND GAMES PLAYED AT SCHOOL, AT UNIVERSITY AND CURRENTLY.

WORK EXPERIENCES

WORKING EXPERIENCE *(start from most recent to oldest)*

COMPANY NAME	PERIOD		POSITION	REASON FOR LEAVING
	FROM	TILL		
1.	YYYY	YYYY		
LAST DRAWN SALARY RM				
2.	YYYY	YYYY		
LAST DRAWN SALARY RM				
3.	YYYY	YYYY		
LAST DRAWN SALARY RM				



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REFERENCES

KINDLY PROVIDE TWO REFERENCES (ORIGINAL TESTIMONIALS SHOULD NOT BE FORWARDED) AS FOLLOWS

	REFERRAL NAME	CONTACT NO.	RELATIONSHIP	YEARS KNOWN
1.				
2.				

OTHER INFORMATION

NO.	DESCRIPTION	YES	NO	REMARKS
1.	DO YOU HAVE ANY RELATIVES WORKING IN WAKOMAS CHEMICAL SDN. BHD.? IF YES, KINDLY INDICATE THEIR NAMES & RELATIONSHIP.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	ARE YOU PREPARED TO BE TRANSFERRED IF REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	HAVE YOU BEEN SUFFERING OR SUFFERED FROM ANY ILLNESS?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	HAVE YOU BEEN CHARGED/CONVICTED OF ANY CRIMINAL OFFENCE?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	HAVE YOU EVER BEEN SUED OR DECLARED BANKRUPT BY ANY FINANCIAL INSTITUTION?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	DO YOU POSSESS ANY FORM OF TRANSPORTATION?	<input type="checkbox"/>	<input type="checkbox"/>	

I HEREBY DECLARE THAT ALL INFORMATION STATED ARE TRUE AND SHALL BE DISMISSED ACCORDINGLY IF ANY OF THE INFORMATION ARE PROVEN UNTRUE.

SIGNATURE:

DATE: