

ROHAS-EUCO GROUP

Head Office: 15th Floor, Rohas PureCircle, East Wing, No. 9, Jalan P. Ramlee, 50250 Kuala Lumpur.
 Factory: Lot 10 Bentong Industrial Estate, 28700 Bentong, Pahang Darul Makmur.

EMPLOYMENT APPLICATION FORM

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POST APPLIED FOR _____

A. PERSONAL DETAILS

Full name (as in NRIC)		
Date&Place of birth	Marital Status	Sex
Nationality	Race	Religion
NRIC No.(Old)	Place issued	Date of issue
(New)	Place issued	Date of issue
Income Tax No.	SOCSSO No.	EPF No.
Present Address		
Mobile Phone No. & House Tel. No:		Email address:
Permanent Address		
House Tel. No:		

B. FAMILY DETAILS (parents, spouse, children, sibling)

Name	Relationship	Age	Occupation

C. EDUCATION/QUALIFICATIONS

Please give details of all schools (including primary education) and courses attended or currently pursuing.

School/ College/ University	Year	Field	Certificate/ Diploma/ Degree/Professional Membership

D. WORKING EXPERIENCE (previous and present)

Name of Employer (Company)	Period		Salary (RM)	Position	Reason for leaving
	from	to			

E. LANGUAGE / DIALECTS (Please state fluency: good/fair/poor)

Spoken: _____

Written: _____

- Do you hold a vehicle driving licence? Yes / No
- Do you own a vehicle? Yes / No

F. Please state computer software that you are familiar with:

G. Please state your hobbies, extra curricular activities, club, membership, etc.

H. HEALTH

Weight : _____ kg

Height : _____ cm

- Have you undergo any full medical check up during the last 2 years? If yes, was there any diagnosis that required further treatment.

- Have you ever suffered any serious illness, injury or undergo any major surgery or being hospitalised. If yes, provide details.

- Do you have any physical disabilities or handicaps?

- Are you taking long term regular medication? If yes, please provide details.

- Do you smoke? Please state quantity / pack per day.

- Do you consume alcohol? If yes, please provide type of alcohol and quantity.

- Are you pregnant? If yes, please provide expected date of delivery. (if applicable)

I (a). DIRECTOR / SHAREHOLDER

Are you a Director/Shareholder of any company? If yes, please provide details (Company's name, date of appointment, type of business and % of share).

I (b). TWO REFEREES REQUIRED

Please provide name, occupation, company, tel no. and years known.

J. IF APPOINTED

Expected salary RM _____. When would you be able to commence duty? _____

Would you be willing to serve in any department or any Company within the Group and be stationed at any place in Malaysia or Overseas?

K. OTHER DETAILS

Names of relatives/ friends who are working in this organisation. (If yes, please provide name & department)

• Have you applied for any post in this organisation? (If yes, when & what position)

• Have you previously worked for us? (If yes, when and in what capacity)

Have you been dismissed from employment? If yes, when, position and company's name.

• Have you been made redundant? If yes, when, position and company's name.

• Are you a party to any Industrial Relation case? If yes, when and company's name?

• Have you ever been arrested by the Authorities, if yes, when, type of offence, status of case?

L. AUTHORISATION

I provide authorisation to the Company to contact institutions of higher learning to verify my qualifications, clinics/hospital to obtain my medical records, previous employers, referees, financial institution, etc obtain confidential personal info. The Company will not be liable as a result of such contacts.

M. DECLARATION

I declare that all the information furnished is true and correct to the best of my knowledge and belief. The company reserves the right to terminate my services should the information furnished above is found to be false.

Date : _____

Applicant's Signature : _____

FOR OFFICIAL USE ONLY

Comments / Remarks

Employed Company _____

KIV Basic salary _____ Date of Commencement _____

Rejected Probation period _____ month

Other specific terms & conditions (if any)

Pre-employment background check (resume review/ educational records/ credit/ history/ reference check/ previous job verification*)

Pre-employment medical checkup

Interviewed by:

Personnel from
HR/Manufacturing Admin:

Approved by:

Name :
Designation :
Date :

Name
Designation :
Date :

Name :
Designation :
Date :

(Group CEO, COO,
Head of Div/Dept)

(Group CEO, COO)