



CHEMSAIN GROUP OF COMPANIES

Employment Application

**Please fill in this form
and attach copies of relevant documents in support of this application**

**Please
Affix
Passport-size
Photo
Here**

Full Name (Please CAPLOCK on Surname)

Position Applied A.

B.

Kindly ensure all information filled is correct and truthful.

By submitting this Form, you are hereby agree that Chemsain Konsultant Sdn Bhd ("the company") and/or its subsidiaries may collect, obtain, store and process your personal data that you provide in this form and you hereby give your consent to the Company to:

- to assess and administer your application for employment;
- store and process your Personal Data
- disclose your Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes

For the avoidance of doubt, Personal Data includes all data defined within the Personal Data Protection Act 2010 including data you had disclosed to the Company in this Form.

Part A – Personal Details

1 Name as in I.C. : _____

2 Other Name : _____

3 Address (Home) : _____

4 (Postal) : _____

5 Telephone No. : (Mobile) _____ (H) _____ (Office) _____

6 Email address : _____

7 Date of Birth : _____ 8 Age : _____

9 Place of Birth : _____ 10 Gender : _____

11 Citizenship : _____ 12 Blood Type : _____

13 NRIC No. : (New) _____ (Old) : _____

14 Race : _____ 15 Religion : _____

16 Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed

17 Height : _____ (cm) 18 Weight : _____ (kg)

19 EPF No. : _____

20 Income Tax No. : _____

21 Written Language : _____

22 Spoken Language : _____

23 Sports/Hobbies : _____

24 Member of any association/club/Professional Bodies

Association / Club / Professional Bodies	Position Held / Type of Membership	Date Joined / Member Since

25 Particulars of Driving License & Vehicle

Type of Driving License :		Date of Issue :	
Type of Vehicle :		Registration No :	

Part B – Family History

26 Please fill in the details below

Father's Name :			
Occupation :		Age :	
Company :			
Mother's Name :			
Occupation :		Age :	
Company :			

27 Brother(s) & sister(s)

(i) Number of working sibling(s) []

(ii) Number of schooling sibling(s) []

28 Spouse's details :

Spouse Name :			
NRIC No. :	(New)	(Old)	
Married On (Date) :			
Education :		Age :	
Occupation :			
Company :			

29 Children's details :

No. of Children	Gender	Age
1		
2		
3		
4		
5		

Part C – Education Background

30 Primary & Secondary School Attended

Name of School	Date of Entry (dd/mm/yyyy)	Date of Leaving (dd/mm/yyyy)	Highest Examination Passed (Specified Grade)

31 Tertiary Level

Colleges / Universities / Others	Date of Entry (dd/mm/yyyy)	Date of Leaving (dd/mm/yyyy)	Highest Examination Passed (Specified Grade)

32 Professional qualifications achieved and training courses attended (Include management studies, commercial studies, training in office techniques, machines, physical training etc.)

School/Institute Attended	Date of Entry (dd/mm/yyyy)	Date of Leaving (dd/mm/yyyy)	Type of Course & Stage (Specified Result)

33 Course or private study being undertaken now

Course of Study	
Manner of Study	
Name of Institute	
Stage/Sections successfully completed	
Self-imposed target date of full completion	

Part D – Employment History

34 Current Employment

- (i) Company Name : _____
- (ii) Address : _____
- (iii) Nature of Business : _____
- (iv) Date of Joining : _____
- (v) Starting Position : _____ Starting Salary : RM _____
- (vi) Current Position : _____ Current Salary : RM _____
- (vii) Nature of Duty : _____
- (viii) Notice of Resignation required : _____

35 Past Employment

Name of Company	Position Held	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Reason For Leaving

36 Give the names and address of two referees who know you personally. Please do not include your parents, relatives, friends, former or current employees.

Name	Address	Telephone	Occupation	Length of Acquaintance

37 Do we have your permission to write to the above references to obtain confidential reports concerning you?

- ☐ No ☐ Yes

Part E – Additional Information*Please (tick) which applicable*

	Yes	No
38 Have you been or are you suffering from any disease/ illness/ major medical condition/ mental disorder or physical impairment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
39 Are you currently taking any prescribed medications/ prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details of the medication/drugs:		
40 Are you a smoker (includes electronic cigarette and conventional cigarette)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details of how many stick per day:		
41 Have you been detained, charged or convicted in a court of law in any country?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
42 Are you involved in any civil lawsuit or any anti-corruption related legal proceeding or under the subject of an investigation with the police?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
43 Have you been declared a bankrupt or undergone a bankruptcy proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
44 Are you currently engaged in any personal business or part-time employment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
45 Are you holding directorship or any other appointment in another company?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		

Note: Please fill in every detail completely. The Company/Management reserves the right to reject any incomplete applications.

Part F – Vaccination Details

46 MySejahtera ID: _____

47 Date of 1st Dose: _____

48 Date of 2nd Dose: _____

49 Vaccine Brand:	<input type="checkbox"/>	Pfizer (Comirnaty)	<input type="checkbox"/>	Sinopharm (Covilo)
	<input type="checkbox"/>	Sinovac (Coronavac)	<input type="checkbox"/>	Johnson & Johnson (Janssen)
	<input type="checkbox"/>	Medimmune (AstraZeneca)	<input type="checkbox"/>	CanSino (Convidecia)
	<input type="checkbox"/>	I have not been vaccinated		

50 Date of Booster Dose: _____

51 Vaccine Brand:	<input type="checkbox"/>	Pfizer (Comirnaty)	<input type="checkbox"/>	Sinopharm (Covilo)
	<input type="checkbox"/>	Sinovac (Coronavac)	<input type="checkbox"/>	Johnson & Johnson (Janssen)
	<input type="checkbox"/>	Medimmune (AstraZeneca)	<input type="checkbox"/>	CanSino (Convidecia)
	<input type="checkbox"/>	I have not been vaccinated		

52 Please state your reason if you have not been vaccinated.

Part G – General

53 Reason(s) for applying this position :

54 Expected salary : RM _____ When can you start work _____

55 How did you know about this vacancy?

☐ Newspaper ☐ Staff Introduction ☐ Walk-In ☐ Others

56 Do you have any relatives/friends working in this organization?

☐ No ☐ Yes, _____

57 In the case of emergency, please contact:

Name #1	
Relationship	
Telephone No.	
Address	
Name #2	
Relationship	
Telephone No.	
Address	

58 Any other information that you feel may be useful for this application?

Part H – Declaration

I declare that the information given in this application is true and accurate. I understand that any misrepresentation of facts called for herein will be sufficient cause for instant dismissal from the company's employment.

.....
Signature

Name :

Date :