INFINITE QL GROUP OF COMPANIES

Affix your recent passport size photograph here

EMPLOYMENT APPLICATION FORM

(STRICTLY CONFIDENTIAL)

IMPORTANT

SUBMIT THE COMPLETED FORM with clear photocopies of your certificates, transcripts and/or testimonials.
Use ✓ where applicable and ensure that your writing is legible.

JOB INTEREST					
POSITION DESIRED			**FOR OFFICE USE**	**REF NO.**	
DATE AVAILABLE *(DD/MM/YY)*		**EMPLOYMENT DESIRED**	FULL TIME [ ]	INTERNSHIP [ ]	
PERSONAL DATA					
NAME (*NRIC/PASSPORT)*					
OTHER NAME(S)					
COMPLETE HOME ADDRESS					
NATIONALITY		**NEW NRIC NO.**			
PASSPORT NO.		**COUNTRY OF ISSUE**			
GENDER *(MALE / FEMALE)*		**RACE**		**RELIGION**	
DATE OF BIRTH *(DD/MM/YY)*		**PLACE OF BIRTH** *(TOWN OR CITY)*		**MARITAL STATUS**	
TEL NO. *(OFFICE)*		**TEL NO.** *(HOME)*		**TEL NO.** *(H/P)*	
E-MAIL ADDRESS					
DRIVING LICENSE CLASS		**WHAT VEHICLE DO YOU OWN?**	NONE [ ]	CAR [ ]	MOTORBIKE [ ]
LANGUAGE(S) *SPOKEN*	1.	2.	3.		
LANGUAGE(S) *WRITTEN*	1.	2.	3.		
HOBBIES	1.	2.	3.		
HEALTH CONDITION(S) / IMPAIRMENT(S) / DISABILITY(S)?		YES [ ]	NO [ ]		
IF YES, PLEASE STATE BRIEFLY					
ARE YOU A FRIEND/RELATIVE OF CURRENT/EX-STAFF(S)?		YES [ ]	NO [ ]		
IF YES, PLEASE STATE NAMES	1.	2.	3.		
HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW?		YES [ ]	NO [ ]		
IF YES, PLEASE EXPLAIN BRIEFLY					
SKILLS					
PROGRAMMING LANGUAGE(S)					
TYPE(S) OF COMPUTER(S) USED					
ADDITIONAL SKILLS, PLEASE STATE BRIEFLY					
TYPING SPEED *(WPM)*		**SHORTHAND** *(WPM)*			

EDUCATION BACKGROUND				
TYPE	**NAME OF SCHOOL**	**DATE STARTED** *(DD/MM/YY)*	**DATE ENDED** *(DD/MM/YY)*	**QUALIFICATION/CERTIFICATION**
PRIMARY				
SECONDARY				
COLLEGE				
UNIVERSITY				
OTHERS				
OTHERS				
SCHOLASTIC HONORS / EXTRA CURRICULAR ACTIVITIES				

EMPLOYMENT HISTORY (START WITH MOST RECENT)			
Note: We reserve the right to contact your previous employer(s) and/or your referee(s) for background checks			
COMPANY NAME			
POSITION			
DATE STARTED *(DD/MM/YY)*		**DATE ENDED** *(DD/MM/YY)*	
STARTING SALARY		**LAST DRAWN SALARY**	
TOTAL ALLOWANCE *(IF ANY)*			
REASON FOR LEAVING			
COMPANY NAME			
POSITION			
DATE STARTED *(DD/MM/YY)*		**DATE ENDED** *(DD/MM/YY)*	
STARTING SALARY		**LAST DRAWN SALARY**	
TOTAL ALLOWANCE *(IF ANY)*			
REASON FOR LEAVING			
COMPANY NAME			
POSITION			
DATE STARTED *(DD/MM/YY)*		**DATE ENDED** *(DD/MM/YY)*	
STARTING SALARY		**LAST DRAWN SALARY**	
TOTAL ALLOWANCE *(IF ANY)*			
REASON FOR LEAVING			

OUTSTATION POSTINGS			
ARE YOU WILLING TO WORK OUTSTATION?	YES [ ]		NO [ ]
IF YES, PLEASE LIST STATE(S) BY ORDER OF PREFERENCE	1.	STATE :	DURATION :
	2.	STATE :	DURATION :
	3.	STATE :	DURATION :

PARTICULARS OF SPOUSE / NEXT OF KIN / EMERGENCY CONTACT			
NAME *(NRIC / PASSPORT)*			
NRIC NO. / PASSPORT NO.		**RELATIONSHIP**	
IF MARRIED, STATE MARRIAGE DATE *(DD/MM/YY)*		**TEL NO.**	
COMPLETE ADDRESS			
NATIONALITY		**OCCUPATION**	
EMPLOYER / COMPANY NAME			

PARTICULARS OF FAMILY (PARENTS, SIBLINGS & CHILDREN)					
NO.	**FULL NAME**	**AGE**	**RELATIONSHIP**	**OCCUPATION**	**SCHOOL / COMPANY**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

REFERENCES (OTHER THAN RELATIVES AND FRIENDS)			
REFERENCE NO. 1		**REFERENCE NO. 2**	
NAME		**NAME**	
OCCUPATION		**OCCUPATION**	
RELATIONSHIP		**RELATIONSHIP**	
YEARS KNOWN		**YEARS KNOWN**	
TEL NO.		**TEL NO.**	

APPLICANT'S DECLARATION

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSE DECLARATION OR WILLFULL OMISSION OF FACTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR EMPLOYMENT OR DISMISSAL FROM THE COMPANY'S SERVICE IF I HAVE BEEN EMPLOYED.

BY SIGNING THIS APPLICATION FORM, I ACCEPT THAT INFINITE QL GROUP OF COMPANIES MAY SHARE MY INFORMATION WITH THIRD-PARTY/AFFILIATES TO CONDUCT BACKGROUND SCREENING. I UNDERSTAND THAT THEY WILL TAKE ALL NECESSARY MEASURES TO PROTECT MY INFORMATION FROM MISUSE.

APPLICANT'S SIGNATURE	**DATE** *(DD/MM/YY)*

APPLICANT'S CURRENT & EXPECTED SALARY	
Note: Please complete this form legibly. All information provided will be treated with the strictest confidence.	
NAME (*NRIC/PASSPORT)*	
NRIC / PASSPORT NO.	

A. CURRENT

CURRENT MONTHLY SALARY (incl. allowances if any)	MYR

PLEASE DETAIL MONTHLY ALLOWANCES (IF ANY)

ALLOWANCE TYPE	MYR	ALLOWANCE TYPE	MYR
1.		4.	
2.		5.	
3.		6.	

B. EXPECTED

EXPECTED MONTHLY SALARY (incl. allowances if any)	MYR

PLEASE DETAIL MONTHLY ALLOWANCES (IF ANY)

ALLOWANCE TYPE	MYR	ALLOWANCE TYPE	MYR
1.		4.	
2.		5.	
3.		6.	

APPLICANT'S SIGNATURE	**DATE** *(DD/MM/YY)*