# PERTUBUHAN KRISTIAN DESA AMAL JIREH (DESA AMAL JIREH CHRISTIAN ASSOCIATION)

(Pendaftaran Pertubuhan No: 562) Lot 340, Jalan Broga (1st Kilometre)

43500 Semenyih, Selangor Darul Ehsan, Malaysia.

Correspondence Address: P.O. Box 20, 43007 Kajang , Selangor D.E.,Malaysia Tel: 03-8724 5158, 8724 5153 Fax: 03-8724 5160 Email: desaamaljireh@gmail.com

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Non-returnable Photograph

JOB APPLICATION FORM

Name: Age :

Position applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male/Female Address:

I.C. No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth

Race/Dialect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax: [ ]  [ ]  Socso: [ ]  [ ]  E.P.F : [ ]  [ ]

 Yes No Yes No Yes No

Marital Status: Single/ Married/ Divorced/ Widowed Height : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel. No. (HP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY:** (Spouse, Children, Parents, Brothers & Sisters only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | RELATIONSHIP | GENDER | AGE | OCCUPATION |
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IN CASE OF EMERGENCY, NOTIFY RELATIONSHIP: OCCUPATION: CONTACT NO.:

**REFEREES:** (Name Two Not Related To You)

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| --- | --- | --- | --- |
| NAME | TEL. NO | OCCUPATION | PERIOD KNOWN |
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# EDUCATIONAL QUALIFICATIONS

(In Chronological Order)\* Attach Photostate copies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL/COLLEGE/UNIVERSITY | FROM | TO | COURSE OF STUDY | QUALIFICATIONS |
| MM/YY | MM/YY |
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**COURSES** (Attended or Presently Attending)

**EMPLOYMENT HISTORY** (In Chronological Order)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF COMPANY | POSITION HELD | BASICSALARY | FROM | TO | REASON FOR LEAVING |
| MM/YY | MM/YY |
|  |  |  |  |  |  |
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 Expected salary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# LANGUAGES & DIALECTS:

Written & Spoken : Spoken only: Have you committed in any criminal record? No/ Yes, it is Have you has any chronic health issue? No/ Yes, it is

*I DECLARE THAT ALL INFORMATION GIVEN ABOVE IS CORRECT AND TRUE, I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN MAY RENDER ME LIABLE, IF EMPLOYED TO DISMISSAL.*

*I CONSENT\*/DO NOT CONSENT TO APPROACHES BEING MADE TO MY REFEREES AS WELL AS ANY OF MY PREVIOUS EMPLOYERS.*

DATE: SIGNATURE:

\*Delete as applicable