

EXCELTECH SOLUTIONS SDN BHD

NAME:			

EMPLOYMENT APPLICATION

At EXCELTECH SOLUTIONS SDN BHD, we recognise that we are strengthened by diversity. We are committed to providing a work environment in which everyone is included, treated fairly and with respect. We are an Equal Opportunity employer and we encourage applications from women and Indigenous people.

Other Name(s) used		Home Telepho	Home Telephone #			
.,		()	()		Photo	
Address		Mobile Phone/	Mobile Phone/ Pager #			
		()				
Position Applied For		Referred By	Referred By Salary D		esired (B\$)	
Nationality	Age	Date of Birth	of Birth I/C t			
Next Of Kin	Relationship	Address &Telep	Telephone# (if different from abov		e)	
Valid Driving License #	Class	Marital Status □Single □Marri	atus IMarried W idowed D ivorced S eperated			
Have you ever interview Yes No		pany before?	If yes, list date(s) & job title(s)		(s)	
Do you have any relativ		he Company?	If yes, list name(s) relationship &job title(s)		hip &job title(s)	
			1			
2. EDUCATION						
Fill in Highest Grade Co	mpleted:	Primary/Second	dary School			
······································		College,Trade				
		Graduate Stud	es			
Education Details (Plea	se complete in ord	der)				
Year Graduated School/Institution						
Year Graduated	School	I/Institution/Colleg	e/University		Highest Qualification Obtained (Grade/Degree)	
Year Graduated	School	I/Institution/Colleg	e/University		Obtained	
Year Graduated	School	I/Institution/Colleg	e/University		Obtained	
Year Graduated	School	I/Institution/Colleg	e/University		Obtained	
Year Graduated	School	I/Institution/Colleg	e/University		Obtained	
Year Graduated List Any Professional De		I/Institution/Colleg	e/University		Obtained	
	signations		e/University		Obtained	
List Any Professional De	signations ge,Skill or Qualifica		e/University		Obtained	
List Any Professional De Other Special Knowled	signations ge,Skill or Qualifica		e/University		Obtained	
List Any Professional De Other Special Knowled	signations ge,Skill or Qualifica are/Software) Only:		e/University		Obtained	

3. EMPLOYMENT HISTORY

List all previous employment including temporary work, starting with most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Job Title	Starting Salary	
/ /				
Employed Until	Supervisor Name	Office Telephone #	Ending Salary	
/ /				
Employer Address	S	Reason for Leaving	•	
Duties & Respons	ibilities			
Employed From	Employer Name	Job Title	Starting Salary	
/ /				
Employed Until	Supervisor Name	Office Telephone #	Ending Salary	
/ /		()		
Employer Address	<u> </u> 	Reason for Leaving		
,				
Duties & Respons	ibilities			
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Francis va d Franc	Employer Name	Job Title	Starting Salary	
Employed From	- This is a second of the seco	Job IIIIo	orannig oarary	
/ /	Supervisor Name	Office Televille and II	Ending Salary	
Employed Until	Supervisor Name	Office Telephone #	Litaling Salary	
/ / Employer Address		Reason for Leaving		
Employer Address		Reason for Leaving		
Duties & Description	11-1111			
Duties & Respons	ibilities			
	Employer Name	Job Title	Starting Salary	
Employed From	Employer Name 	JOD IIIIE	Starting salary	
/ /			F 1. 0 1	
Employed Until	Supervisor Name	Office Telephone #	Ending Salary	
/ /		()		
Employer Address Reason for Leaving				
Duties & Responsibilities				

4. GENE	RAL						
YES	NO						
		May we contact your current employer for references?					
		If hired, v	will you be able to work ove	ertime?			
		If hired, v	will you be able to work offs	shore?			
		If hired, v	will you be able to work ove	erseas?			
		Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?					
		Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A "yes" response does not automatically disqualify your application.)					
		Do you have any past or current health/medical condition? If yes, please list down.					
		Do you h	nave any previous surgery?	If yes, please list down.			
Languag Language	e Proficiency	/	Spoken (Well/Fair/Poor)	Written (Well/Fair/Poor)	Understanding (Well/Fair/Poor)		
Language			Spoken (Weil/Tail/Tool)	Willer (Well/Tall/Tool)	Understanding (Weil/Tail/Tool)		
5. CERTI	FICATION	& AUTHORIZA	ATION				
I authoriz needed employm harmless decision	give any info ze the Comp to research r nent-related from any clo was made o	ormation hereing any to inquire my qualification information at a made on the basis of the othing in this	e into my educational, pro ons for this positions. I hereb bout me to the Company of the basis that such information.	the time elapsed after disc fessional and past emplo y give my consent to any and will hold the Compar tion about me was provid	yment history references as former employer to provide ny and my former employer led or that any employment terview or my subsequent		
under wh hired, my for any i foregoins	nich my emp y employmer reason. I un g. yed, I will be	oloyment could nt will be term derstand that required to pro	d be terminated only for co inable at will and may be	ause. On the contrary I un terminated by me or the nority to enter into any o which verify my identity.	en myself and the Company iderstand and agree that, if Company at any time and agreement contrary to the		
Signature	÷			Date	_		