



17-3, Jalan PJU 5/15, Dataran Sunway,  
Kota Damansara, 47810 Petaling Jaya,  
Selangor.

Branch
Employee No

Photo Here
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## EMPLOYMENT APPLICATION FORM

Position applied: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Personal Information			
Full Name		Other Name	
New IC No/Passport No.	Date of Birth	Sex	Age
Nationality	Race	Religion	
Mobile No.		House Tel No.	
Present Address			
Permanent Address			
Health Condition (Please ✓) <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Fair		Driving License (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No   Class: _____	
EPF Number		Income Tax Number	
Bank Name (For salary payment)		Bank Account Number	

Family Data		
Marital Status (Please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Others _____		
Name of Spouse	Age	No. of Children
Name of Children	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's Name	Age	Occupation
Mother's Name	Age	Occupation
Number of Dependants You Support	Number of Brothers	Number of Sisters

Name of Brothers & Sisters	Sex	Age	Occupation

If Case of Emergency, Please Contact:-		
Name	Relationship	Contact No.

Education Background			
Secondary School/Colleagues/Universities Attended	From	To	Level Passed

Language						
Language	Spoken (Please ✓)			Written (Please ✓)		
	Good	Fair	Poor	Good	Fair	Poor

Employment Record (From the most recent)				
Company Name	From	To	Position	Last Drawn Salary

Supplementary Information
<p>1. Do you have any friends or relatives work in ShellOUT?  <input type="checkbox"/> YES      <input type="checkbox"/> NO            If Yes, please provide name and relationship: _____</p> <p>2. Do you comitted any offences or been charged in a court of law?  <input type="checkbox"/> YES      <input type="checkbox"/> NO            If Yes, please explain: _____</p>

3. Have you been seriously ill before?

YES  NO

If Yes, please specify illness and date: \_\_\_\_\_

4. Are you willing to travel?

YES  NO

5. Would you give your consent to us for refer your previous employer(s)?

YES  NO

6. When are you available if been selected?  
\_\_\_\_\_

### Referees

(Please list two referees other than relatives who can give an opinion of your performance and/or potential.)

Name	Tel No.	Relationship	Period Known
_____	_____	_____	_____
_____	_____	_____	_____

### Disclaimer:-

By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* Please provide a copy of IC/passport and photo for our filling purpose.*

### For Office Use Only:-

Interviewed By:		
1st _____	Date _____	Result <input type="checkbox"/> Pass <input type="checkbox"/> KIV <input type="checkbox"/> Fail
2nd _____	Date _____	Result <input type="checkbox"/> Pass <input type="checkbox"/> KIV <input type="checkbox"/> Fail

### Application Result:

Successful  Not Successful

Date of Commence	Branch	Department	
Position	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Salary	Allowance	Bonus	Others

### HR Use Only:

Employee Number	Date	Updated By
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