



GINTELL (M) SDN. BHD.

GINTELL IREST SDN. BHD.

GINTELL REST N GO SDN. BHD.

SOVOTEL MALAYSIA SDN. BHD.

GINTELL (BORNEO) SDN. BHD.

POSITION APPLIED : _____

APPLICATION FOR EMPLOYMENT

I. PERSONAL DETAILS			
FULL NAME (AS PER NRIC)			
NRIC NO.		AGE	
DATE OF BIRTH		PLACE OF BIRTH	
HOME ADDRESS			
MAILING ADDRESS (if different from above)			
GENDER	MALE / FEMALE	POSSESS DRIVING LICENSE	YES / NO
NATIONALITY		OWN TRANSPORT	YES / NO
RACE		IN CASE OF EMERGENCY, PERSON TO BE CONTACT :	
CONTACT	MOBILE PHONE	NAME	_____
	TEL (HOME)	MOBILE PHONE	_____
	EMAIL ADDRESS	RELATIONSHIP	_____
RELIGION (Please tick)		MARITAL STATUS (Please tick)	
1) BUDDHIST	<input type="checkbox"/>	1) SINGLE	<input type="checkbox"/>
2) ISLAM	<input type="checkbox"/>	2) MARRIED	<input type="checkbox"/>
3) CHRISTIAN	<input type="checkbox"/>	3) DIVORCED	<input type="checkbox"/>
4) HINDU	<input type="checkbox"/>	4) WIDOWED	<input type="checkbox"/>
5) OTHERS	<input type="checkbox"/>		
PLEASE STATE: _____		IF MARRIED	SPOUSE WORKING: YES / NO
			NUMBER OF CHILD: _____

II. FAMILY DETAILS (PARENTS, SPOUSE, CHILDREN)			
NAME	AGE	RELATIONSHIP	OCCUPATION

III. ACADEMIC QUALIFICATION (PLEASE ATTACH ALL RELEVANT CERTIFICATES)				
	NAME OF SCHOOL / UNIVERSITY	FROM (YEAR)	TO (YEAR)	HIGHEST QUALIFICATION ATTAINED
SECONDARY				
COLLEGE				
UNIVERSITY				
OTHERS				

OTHER SKILLS		
IV. LANGUAGE PROFICIENCY (1 - POOR, 10 - EXCELLENT)		
LANGUAGE	SPOKEN (1 - 10)	WRITTEN (1 - 10)
MALAY		
ENGLISH		
CHINESE		

V. COMPUTER PROFICIENCY		
<input type="checkbox"/> MICROSOFT WORD	<input type="checkbox"/> MICROSOFT EXCEL	<input type="checkbox"/> MICROSOFT POWERPOINT
<input type="checkbox"/> MICROSOFT OUTLOOK	<input type="checkbox"/> MICROSOFT ACCESS	<input type="checkbox"/> OTHERS _____

VI. EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)				
NAME OF COMPANY	POSTION HELD	FROM	TO	GROSS SALARY (BASIC + ALLOWANCE)

VIII. REFERENCE			
FULL NAME		COMPANY NAME	
MOBILE PHONE		POSITION	
FULL NAME		COMPANY NAME	
MOBILE PHONE		POSITION	

IX. GENERAL

1. HAVE YOU BEEN VACCINATED (COVID-19 VACCINE)?

YES NO

IF YES WHEN DID YOU RECEIVE THE VACCINATION,

1 DOSE 2 DOSES

IF NO, WILL YOU REGISTER FOR VACCINATION?

YES NO, REASON: _____

2. HAVE YOU WORKED IN THIS COMPANY BEFORE?

YES NO

IF "YES", PLEASE PROVIDE THE FOLLOWING DETAILS:

DATE JOINED: _____

POSITION: _____

LAST SALARY: _____

3. DO YOU KNOW ANYONE WORKING IN THE COMPANY?

IF YES, PLEASE PROVIDE DETAILS:

NAME: _____

RELATIONSHIP: _____

4. HAVE YOU BEEN TERMINATED/ DISMISSED/ SUSPENDED FROM THE SERVICE OF ANY EMPLOYER?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

5. HAVE YOU EVER BEEN SUBJECTED TO ANY FORM OF DISCIPLINARY ACTIONS?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

6. ARE YOU CURRENTLY PREGNANT? (FEMALE)

YES NO

7. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

8. HAVE YOU SUFFERED FROM ANY ILLNESS/DISEASE?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

9. HAVE YOU EVER BEEN UNFIT FOR EMPLOYMENT, MEDICAL OR OTHERWISE?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

10. HAVE YOU EVER BEEN DECLARED AS BANKRUPT?

YES NO

11. ARE YOU CURRENTLY OPERATING OWN BUSINESS?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

NAME OF COMPANY: _____

BUSINESS SECTOR: _____

12. ARE YOU CURRENTLY WORKING MORE THAN ONE (1) JOB?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

NAME OF COMPANY: _____

1. WHAT IS YOUR EARLIEST AVAILABLE COMMENCEMENT DATE?

2. WHAT IS YOUR EXPECTED SALARY?

3. REASON OF LEAVING FROM YOUR LAST EMPLOYMENT?

DECLARATION:

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE PARTICULARS PROVIDED ARE TRUE AND I HEREBY GIVE MY CONSENT TO THE COMPANY TO CHECK MY EMPLOYMENT RECORDS WITH MY PREVIOUS EMPLOYERS. I AM AWARE THAT ANY FALSE OR MISLEADING STATEMENT MADE BY ME WILL BE CAUSE FOR DISMISSAL IF EMPLOYED.

SIGNATURE OF APPLICANT

DATE

