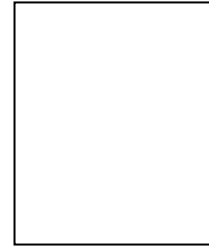


RAVIRAJ SDN BHD
15, (LOT 1159) MUKIM 15, JALAN SELADANG ALMA,
14000 BUKIT MERTA JAM
TEL : 04-5523845/5523845
FAX : 04-5521745



EMPLOYEE APPLICATION FORM	
POST APPLIED	
EXPECTED SALARY	

PERSONAL PARTICULARS

(Please fill the form with block letters)

Full Name : _____

Other Names : _____

Address : _____

Tel (Hse) : _____

Permanent Address : _____

Tel (Hse) : _____

NRIC No.: _____ Date of Birth: _____ Age: _____

Nationality: _____ Place of Birth: _____ Sex: _____

EPF No. : _____ SOCSO No. : _____ Income Tax: _____

Race : _____ Religion : _____ Height/Weight : _____

Driving License No. : _____ Period License Valid: _____ Class of Vehicle: _____

Marital Status : Single / Married / Widow / Widower / Divorced

Name of Spouse: _____ Occupation: _____

Spouse's Employer's Address: _____

Children: Male - Ages: ____ / ____ / ____ / ____ / ____ / ____ / _____

Female - Ages: ____ / ____ / ____ / ____ / ____ / ____ / _____

EDUCATION BACKGROUND

Please fill in the names of full-time educational institutions that you have attended giving the years and the highest level passed or qualification attained. Enclose photocopies of certificates Diploma or Degrees.

No	Schools/College/Universities Attended	Year		Highest Level/Grade/Professional Qualifications
		From	To	

Please fill the Organisation and names of the seminars/short courses that you have attended. State whether certificates of attendance were granted. Enclose photocopies.

No	Name of Seminar	Organisation/Institution	Duration/Dates	Awards/Certificates

Languages - Written : _____

- Spoken: _____

WORKING EXPERIENCE

Please give the names and addresses of all your full-time employers, giving details of position held, job title, the dates you commenced work and ceased, the salaries earned. State your most recent of current job first and move along backwards.

No	Name & Address of Companies	Position held (Job title)	From	To	Salary	
			DD/MM/YY	DD/MM/YY	First / Last	

Give reason for leaving: _____

State if you are engaged in any part-time employment currently: _____

Other income (if any): _____

Recreation or sporting activities during employment: _____

Have you ever been dismissed from your previous employment? _____

If yes, give details (Name of Employer/Nature of Offence/Date): _____

If offered employment, when are you available? Date: _____

Notice required: _____

GENERAL

1. Do you have your own transport?

If yes, give details :

Yes _____ No _____

2. Do you have any record of prolong illness?

Yes _____ No _____

If yes, give details (Nature of illness/date):

3. Do you have any physical disabilities?

Yes _____ No _____

If yes, please give details:

4. Do you have any allergies?

Yes _____ No _____

If yes, please give details:

5. Are you willing to work rotating shifts?

Yes _____ No _____

6. Do you consume liquor?

Yes _____ No _____

What is your normal consumption?

7. Are you short-sighted? _____ Long -sighted _____

8. Do you smoke?

Yes _____ No _____

What is your normal consumption?

9. Are you right handed _____ or left handed _____

10. Do you have any objections if reference is made to your present/previous employers?

Yes _____ No _____

11. Have you been involved in drug taking? If so, date when you have been rehabilitated :

Yes _____ No _____

12. Are you willing to be considered for other jobs?

Yes _____ No _____

If yes, state the type of job or department desired:

13. Membership of Professional Institutions, club, Associations, Societies

Yes _____ No _____

Details: _____

DECLARATION

I hereby declare that all the particulars given by me on this application form are to the best of my knowledge and belief true and correct.

I fully understand and accept that if at any time after employment the information given on this application form are found to be false, incorrect or incomplete, the Company reserves the right to dismiss my service without notice or compensation.

I further understand that my employment is contingent upon my satisfactory passing a medical examination at the Company's expense by the appointed Company's Doctors.

Signature: _____ Date: _____

REFEREES

Please give the names of two persons preferably your employers and not relatives who can give character reference.

1. Name : _____ Occupation : _____

Address: _____

Tel (Office): _____ Tel (House): _____

2. Name : _____ Occupation : _____

Address: _____

Tel (Office): _____ Tel (House): _____

FOR OFFICE USE ONLY

First Interviewer (Dept Head) _____ Date: _____

Comments: _____

Second Interviewer (Dept Head) _____ Date: _____

Comments: _____

Date Offer: _____

Dept.: _____

Position: _____

Salary: _____

Date Medical Done _____

Doctor's Name: _____ (Pass/Fail)

Commencement Date: _____

Allowance: _____

Approved / Disapproved by Managing Director

Signature : _____

Name : _____

Date : _____

POSITION: _____

DATE : _____

CANDIDATE NAME: _____

INTERVIEWER : _____

INTERVIEWER'S SCORE SHEET

S/N	ATTRIBUTES	MAX. SCORE	ATTAINED SCORE	FINDINGS
1.	Physical Make up	15		
2.	Attainments (Academic Qualification)	20		
3.	Special Attitudes	10		
4.	General Intelligence	10		
5.	Interests	5		
6.	Disposition	20		
7.	Circumstances	20		
	TOTAL SCORES :	100	REJECT / KIV / HIRE	