### **SOON GAN DION & PARTNERS**

Advocates & Solicitors No. 73, Jalan SS 21/1A Damansara Utama, 47400 Petaling Jaya Tel: 603-7726 3168 Fax: 603-7726 3445

### **APPLICATION FORM**

Home Tel No. : Office Tel No. : Hand Phone No. : Permanent Home Address (If Different from Above) :	I	Position Applied:
Date of Birth:	ı	Full Name (Mr/Ms/Mrs) :
Race: Sex:  Marital Status:  Correspondence Address:  Home Tel No.: Office Tel No.: Hand Phone No.:  Permanent Home Address (If Different from Above):  Home Tel No.:  Cocupation: No. of dependents: In case of emergency, contact:-  Name: Relationship: Tel:	ı	I/C No. : Nationality :
Marital Status:  Correspondence Address:  Home Tel No.: Office Tel No.: Hand Phone No.:  Permanent Home Address (If Different from Above):  Home Tel No.:  If married, name of spouse: Occupation: No. of dependents: In case of emergency, contact:-  Name: Relationship: Tel:		Date of Birth :
Correspondence Address:  Home Tel No.: Office Tel No.: Hand Phone No.:  Permanent Home Address (If Different from Above):  Home Tel No.: If married, name of spouse:  Occupation: No. of dependents: In case of emergency, contact:-  Name: Relationship: Tel: Tel:	١	Race : Sex :
Home Tel No.:	I	Marital Status :
Home Tel No. :	(	·
Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :  Home Tel No. :  If married, name of spouse :  Occupation : No. of dependents :  In case of emergency, contact :-  Name : Relationship :  Tel :	-	
Home Tel No. :  If married, name of spouse :  Occupation : No. of dependents :  In case of emergency, contact :-  Name : Relationship : Tel :		Home Tel No. :
Home Tel No. :  If married, name of spouse :  Occupation : No. of dependents :  In case of emergency, contact :-  Name : Relationship :  Tel :	l	Office Tel No. :Hand Phone No. :
Occupation : No. of dependents : In case of emergency, contact :-  Name : Relationship : Tel :	I	Office Tel No. :  Hand Phone No. :  Permanent Home Address (If Different from Above) :
No. of dependents :  In case of emergency, contact :-  Name :  Relationship :  Tel :	(	Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :
Name : Relationship : Tel :	(	Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :  Home Tel No. :
Relationship : Tel :	() 	Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :  Home Tel No. :  If married, name of spouse :  Occupation :
	()	Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :  Home Tel No. :  If married, name of spouse :  Occupation : No. of dependents :
Addices (Hellie, Chiec).		Office Tel No. : Hand Phone No. :  Permanent Home Address (If Different from Above) :  Home Tel No. :  If married, name of spouse :  Occupation : No. of dependents :  In case of emergency, contact :-  Name : Relationship :

## **EDUCATION** School/College/University Year Exam Passed **EMPLOYMENT HISTORY** Position Employer Years Reason for Change Present Salary : \_\_\_\_\_\_Expected Salary : \_\_\_\_\_ EPF No. : \_\_\_\_\_\_SOCSO No. : \_\_\_\_\_ Income Tax No. : \_\_\_\_\_ **REFEREES** Name Occupation Address & Tel No. (a) (b) **COMPUTER KNOWLEDGE** Windows/MsOffice Package (i) Excel (ii) PowerPoint

(iii)

Word

#### LANGUAGE SPOKEN/WRITTEN

# Written/Spoken Fair Good Fluent 1. **English Language** 2. Bahasa Malaysia 3. Chinese Language 4. Others, please specify:-, hereby declare and confirm that the information provided and declared herein are true, accurate and correct to the best of my knowledge. Signature: Date: For Office Uses Only Date of Interview : Interviewed By : \_\_\_\_\_ Interviewer's Remarks: