



OBSNAP INSTRUMENTS SDN. BHD. (599642-A)

No. 29A, Jalan SS 15/4C, 47500 Subang Jaya, Selangor Darul Ehsan, West Malaysia.

Tel : 60-3-5621 5786

Fax : 60-3-5621 5829

E-mail : sales@obsnap.com

Website : www.obsnap.com

**JOB APPLICATION FORM
(Full-Time)**

POST APPLIED FOR:

Name:

Address:

Email: H/P:

Date of Birth: Place of Birth:

Age: Gender: Nationality:

Identity Card No. (NEW): (OLD):

Date & Place of I.D. Issue:

Marital Status: Single / Married If Married, please state,
No. of Children: Age:

Name of Husband / Wife:

Present Employer of Husband / Wife:

EDUCATION			
Name of School/College/University	From	To	Qualification Obtained

Other Qualification / Memberships of Professional Organisations:

.....

.....

Do you plan on going for further education? If yes, give details:

.....

.....

HEALTH

Have you been hospitalized in the last five years? If yes, give details:

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Are you under doctor's care at present? Yes / No

Are you on any form of medication now? Yes / No

If yes, state reason:

Have you broken / fractured any bones? Yes / No

Are you suffering from arthritis, sore back or other similar ailments? Yes / No

Are you short-sighted/long-sighted/wearing contact lenses? (Circle the related)

PAST EMPLOYMENT

Name of Employer	Position	From	To	Reason for leaving

TRAINING PROVIDED BY PAST EMPLOYEES

Duration	Employer	Courses

Languages Written:

Languages/Dialects Spoken:

Technical Abilities:

Hobbies/Interest:

Computer Literacy:

Last book read: Date:

Have you been convicted of a criminal offence: Yes / No

Have you been convicted of a driving offence: Yes / No

If YES (state nature):



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Family Responsibilities:

Independent / Partially Dependent / Fully Dependent / Support

(Circle the related)

REFEREES (Other than Relatives)		
Name	Contact	Nature of Work

“I declare that the information provided above is true and completed in all aspects. I understand that any misrepresentation or commission of information may be considered sufficient for withdrawal of an offer or subsequent dismissal from employment.”

Interviewee's Signature: Date:

Expected Salary: Date of commencement:
