

VICTOR MANUFACTURING 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: support@victormaterial.com Website: www.victortestingmachine.com

JOB APPLICATION FORM (Full-Timer)

POST APPLIED FOR:				
Name:				
Address:				
mail:				
Date of Birth: Place of Birth:				
Age: Gender:		N	lationality:	
Identity Card No. (NEW):		(OLD):		
Date & Place of I.D. Issue:				
Marital Status: Single / Married If No			Age:	
Name of Husband / Wife:				
Present Employer of Husband / Wife: .				
1 ,				
	EDUC			
Name of School/College/University			Qualification Obtained	
	EDUC	ATION		
Name of School/College/University	From	To		
Name of School/College/University	From	To	Qualification Obtained	
Name of School/College/University Other Qualification / Memberships of Pr	EDUCA From	ATION To anisations:	Qualification Obtained	



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HEALTH				
Have you been hospitalized i	n the last five years?	If yes, give details:		
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-s	ighted/wearing cont	tact lenses?		(Circle the related)
	=			
Name of Employee	Position Position	From	<u>Т</u> То	Dancer for leaving
Name of Employer	POSITION	FIOIII	10	Reason for leaving
TE	RAINING PROV	IDED BY DACT	EMDI OV	FFC
Duration Duration	MININGTROV	Employer	EMI LOI	Courses
Languages Written:				
Languages/Dialects Spoken:				
Technical Abilities:				
Hobbies/Interest:				
Computer Literacy:				
Last book read:			Date:	
Have you been convicted of Have you been convicted of If YES (state nature):				Yes / No Yes / No



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Material Testing Equipments	No. 29A, Jalan SS 15/4C, 47500 Subar Tel: 60-3-5621 5786 E-mail: support@victormaterial.com	ng Jaya,Selangor Darul Ehsan,West Malaysia. Fax: 60-3-5621 5829 Website: www.victortestingmachine.com
Family Responsibilities: Independent / Partially Depe	endent / Fully Dependent / Support	(Circle the related)
	REFEREES (Other than	Relatives)
Name	Contact	Nature of Work

"I declare that the information pro	ovided above is true and completed	in all aspects. I understand that
any misrepresentation or commiss	ion of information may be consider	red sufficient for withdrawer of an

offer or subsequent dismissal from employment."	ir may be considered surficient for withdrawer of a
Interviewee's Signature:	Date:
Expected Salary:	Date of commencement: