

Application For Employment Form

Father's / Mother's Full Name _____ Occupation _____

Name/Address of Employer _____

Telephone No. _____

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Please provide the following details of your children of all ages and that of all your brothers and sisters.

Name	Relationship	Date of Birth	Age	Occupation	Name & Address of Employer (if employed)
-Aeril Zayyan Bin Muhammad Zuhaili Azri	Child	06/09/2021	4yr	N/A	N/A
-Elinaura Nellia Binti Muhammad Zuhaili Azri	Child	04/12/2024	3mth	N/A	N/A

4. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Name Of School / College / University	Exam / Diploma / Degree / Professional Qualifications Attained	Year Attained	Grade

5. EMPLOYMENT HISTORY - (List current or, if unemployed now, last employer first)

Date		Tenure (Years)	Name & Address of Employer	Position Held	Basic Salary		Reasons For Leaving
From	To				Starting	Last Drawn	
October 2023	Present		European Profiles Contracting Sdn Bhd	Safety & Heath Officer	RM 9270,00	RM 9270,00	Professional Development
August 2019	September 2023		SECM Sdn Bhd	Safety & Heath Officer	RM 8300,00	RM 8300,00	Professional Development

6. **DETAILS OF CURRENT OR, IF UNEMPLOYED NOW, LAST EMPLOYMENT**

Company Name European Profiles Contracting Sdn Bhd Job duties & responsibilities Safety & Health Management & Technical

Who do you report to Project Director Who are reporting to you Safety Site Supervisor

Basic Pay / Allowance / Incentive / Commission Payable, if any (state rate & type) _____

Phone Allowance/Medical/Petrol Card/Site Allowance _____

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7. **STENOGRAPHY, TYPEWRITING, COMPUTER AND OTHER SKILLS**

Shorthand _____ w.p.m Secretarial Qualification Attained _____

Typewriting _____ w.p.m Computer Qualification Attained _____

What office computer software(s) have you operated and for how long _____
Microft word/excel

8. **COURSES OR TRAINING ATTENDED, CURRENTLY ATTENDING AND INSTITUTIONAL MEMBERSHIP**

Course / Training Attended N/A	Year
Course / Training Currently Attending (* Full Time / Part Time) N/A	Duration
Membership of Professional Institutions N/A	Year Attained

9. **LINGUISTIC ABILITY**

LANGUAGES / DIALECTS	State 'WK' for Working Knowledge and 'F' for Fluent		
	Speak	Read	Write
Bahasa Malaysia	F	F	F
English	F	F	F
Mandarin			
Other Languages / Dialects (pls specify)			

10. LEISURE ACTIVITIESHobbies, Sport & Other Interests Football/Trading/Bowling

Membership of Societies / Club & Offices held, if any _____

11. OTHER INFORMATION

Have you a friend / relative working in this Group? * YES / NO (If yes, state name, relationship and in which Company)

NO

Have you applied to any of this Group of Companies before? * YES / NO (If yes, state position, date & name of the Company)

NO

Have you been charged and / or convicted in any Court of Law? * YES / NO (If Yes, please give details)

NO

Have you any activities or interest in any business undertaking, incl. family business? * YES / NO (If Yes, please give details)

NO

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12. MEDICAL AND PHYSICAL STATUS

Have you suffered from or are you currently suffering from serious illness? * YES / NO (If Yes, please state exact details)

NO

Are you suffering from any physical disabilities ? * YES / NO (If Yes, please state exact details)

NO

Are you pregnant ? * YES / NO (If Yes, please state how many months pregnant)

NO**13. ADDITIONAL INFORMATION**

13.1 What is your greatest strength / weakness

Strength	Passionate	Weakness	Too detail
	Honest		
	Positive		

13.2 Why should we hire you?

Im not a typical Safety & Health Officer

13.3 What can you contribute to this company

Experience in good practice with previous electrical company

13.4 Currently working? ☒ YES ☐ NO
 If yes, why you want to leave?

Professional Development

13.5 Why do you want this job? Describe your career goals

13.6 (Please state here other additional information which may be important in support of your application, include any special talents, qualities or achievements not otherwise stated in this Application Form. Continue on separate sheet, if necessary).

More than 3 years with electrical company

- 14 Have own Transport? ☒ YES ☐ NO Type of Transport _____
- 15 Do you own a laptop? ☐ YES ☒ NO
16. If confirmed, when can you start work?

1 Month Notice

17. **REFERENCE (List 2 Personal Referees who are not your Relatives)**

Name, Address, Telephone and Handphone No.	Occupation	Years known
Lim Teik Lee (019-2756700)	Sr. Project Manager	3yr

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18. Recent photo

[Photo attach here]

19. **DECLARATION**

I declare that the information given in this Application is TRUE and ACCURATE. I understand that any misrepresentation of that given herein will be sufficient cause for dismissal from the Company's services if I have been employed. Enclosed are a copy each of my educational/professional qualification certificate/diploma/degree and/or appropriate recommendation letters.

Date 25-02-2025

(* Delete where applicable)

Signature



FOR OFFICE USE ONLY

Interview by _____	Comments _____
Date _____	_____
Signature _____	_____

Further interview by _____	Comments _____
Date _____	_____
Signature _____	_____

*** To be Employed / Not to be Employed / KIV** **If employed, Commencement Date** _____

Highest Education: _____ Total Year of Experience _____

Job title _____ Company _____ Dept. _____

Grade _____ Salary _____ p/month ☐ Permanent ☐ Contract Tenure _____ to _____

Car / Motor Allowance _____ p/month Phone Allowance _____ p/month Cert Allowance _____ p/month

Base ☐ Office ☐ Site Petrol claim ☐ Mileage ☐ Chit Other Remarks/Allowance _____

Recommended by _____	Approved by _____
Name _____ Signature _____	Name _____ Signature _____