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UTS MARKETING SOLUTIONS SDN BHD (800155-X)

Suites 802-803, 8th Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur

APPLICATION FORM

- Please fill in this form by using **CAPITAL LETTERS**
- All questions are to be answered in Applicant's own hand writing

Source: JobStreet Career Fair Ex-Staff Others: _____
(Please tick)

Agency: _____ Referral: _____
(Please state the agency's name) (Please state the full name of the referee)

Position Applied: _____

Personal Details:

Name (as per NRIC): _____

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

Race : Malay / Chinese / Indian / Others: _____ Gender : Male / Female

Religion: Islam / Buddhist / Hindu / Christian / Others: _____ Nationality: _____

Marital Status: Single / Married

Own Transport: Yes / No

If yes: Car / Motorcycle

Contact No. (HP): _____ (H): _____

Email : _____ EPF No.: _____

Income Tax No.: _____ SOCSO No.: _____

Bank Account No.: _____ Bank Name: _____

Correspondence Address : _____

Permanent Address : _____



Family Details

Please complete details of Father, Mother, Brother, Sister, Husband / Wife, and Children.

No.	Name (as per NRIC)	Relationship	NRIC No.	Contact No.	Occupation
1		Father			
2		Mother			
3					
4					
5					
6					
7					
8					
9					
10					

Education Background

Please fill in chronological order, starting with the most recent / highest qualification.

No.	Name of Institution	Duration		Major	Grade
		From	To		
1					
2					
3					

Language Proficiency

Proficiency is rated from Poor, Fair, Good and Excellent

LANGUAGE	SPOKEN	WRITTEN
Bahasa Malaysia		
English		
Mandarin		

Other Dialects (Please State) _____



Other Skills and Qualifications

List job related licenses, skills, training, honors, awards and special accomplishments

No.	Award / Certificate of Compliments / License / Training / etc.	Year
1		
2		
3		

Working Experiences

Please fill in chronological order, starting with the most recent / current employment.

1. Employment Name : _____
Location : _____
Position Held : _____
Basic Salary : _____ Allowance (if any) : _____
Year(s) of Service : From _____ to _____
Reason for Leaving : _____
2. Employment Name : _____
Location : _____
Position Held : _____
Basic Salary : _____ Allowance (if any) : _____
Year(s) of Service : From _____ to _____
Reason for Leaving : _____

3. Employment Name : _____

Location : _____

Position Held : _____

Basic Salary : _____ Allowance (if any) : _____

Year(s) of Service : From _____ to _____

Reason for Leaving : _____

4. Employment Name : _____

Location : _____

Position Held : _____

Basic Salary : _____ Allowance (if any) : _____

Year(s) of Service : From _____ to _____

Reason for Leaving : _____

5. Employment Name : _____

Location : _____

Position Held : _____

Basic Salary : _____ Allowance (if any) : _____

Year(s) of Service : From _____ to _____

Reason for Leaving : _____

Referees

Please provide name of three referees. Relatives / friends / family members are not eligible. Current / previous employers preferred.

NO	NAME	COMPANY	DESIGNATION	CONTACT NUMBER	OFFICE NUMBER/EXT
1					
2					
3					

Reference Check (For Office Use Only)	
Referee 1: Name: Current Company: Designation: Contact Number:	Comments:
Referee 2: Name: Current Company: Current Designation: Contact Number:	Comments:

Work Expectation

Notice of resignation required at present employment _____

Willing to relocate? Yes / No

Current Salary RM _____

Expected Salary RM _____

In Case of Emergency, Contact Person: _____

Relationship: _____ Contact No: _____



Pre-Employment Health Declaration Form

Please tick

Yes No Have you ever left, or been denied a job on health grounds? *(If YES, please give details and dates)*

Do you have or had the following in the past:-

Yes No High blood pressure? Heart attacks? Angina? *(If YES, please give details and dates)*

Yes No Migraine or persistent headaches? *(If YES, please give details and dates)*

Yes No Restricted hearing? Tinnitus? Ear infections? *(If YES, please give details and dates)*

Yes No Problems related to alcohol or drug abuse? *(If YES, please give details and dates)*

Yes No Mental illness and/or stress related problems?
Nervous breakdown? Mental fatigue? Anxiety? Depression? Panic attacks? Stress related problems? Self harm? Any other conditions? *(If YES, please give details)*

Yes No Have you consulted a specialist or needed any treatment other than conditions stated above? *(If YES, please give details and dates)*

Yes No Have you been hospitalized? *(If YES, please give details and dates)*

Yes No Are you currently receiving any medical treatment? *(If YES, please give details)*

Yes No Are you on any medication? *(If YES, please give details)*



Yes No Have you any other health issues that have not been mentioned above or about which you would like to provide further details? *(If YES, please give details and dates)*

Yes No Are you pregnant? If yes, how many months? (Applicable for female applicants)

Personal Declaration

Please tick

Yes No Have you ever been dismissed, or asked to resign, or subjected to disciplinary action of any kind while in the service of any organization. *(If YES, please give details)*

Yes No Have you in the past 10 years been involved in any legal proceedings including but not limited to any credit card or hire purchase debts? *(If YES, please state the nature and the current status of the legal proceedings)*

Yes No Have you ever been arrested, indicted or summoned into court as a dependent in a civil or criminal proceedings or convicted, fined or imprisoned or placed on probation, charged as bankrupt or have been ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance? *(If YES, please give details)*

Yes No Are you currently an agent / representative / employee of any of the insurance / financial institute and promoting their insurance/ credit card package? *(If YES, please give details)*

Yes No Have you been employed by UTS before? *(If YES, please give details – joined date, campaign)*

Yes No Do you have any relative / family member working with UTS? *(If YES, please give details – joined date, campaign)*

Yes No Do you have any plan to further study? *(If YES, please give details – date, name of institute, full time / part time)*



Applicants Statement Agreement

I certify that the foregoing answers given in this application form are correct to the best of my knowledge and belief. I have not willfully suppressed any material fact.

I understand that if any of the given information / declarations are proven to be untrue, I am liable to be summarily dismissed.

Signature of Applicant

Date

Consent CTOS / CCRIS Checking

I (Name as per NRIC) _____, (NRIC No.) _____,

hereby declare that I am aware and agree to authorise UTS Marketing Sdn. Bhd. for CTOS / CCRIS checking for the company's usage in the future.

Signature of Applicant

Date

The End

Please answer the following question with LESS than 30 WORDS

1. What position you've applied?

2. What do you understand about the job?

3. Why did you apply this position?

4. Why should the company hire you for this position?

5. Do you agree to work extra hour and work on Saturday to accomplish the tasks given? Why?

6. Do you think you can work under pressure? If yes, how do you handle it?