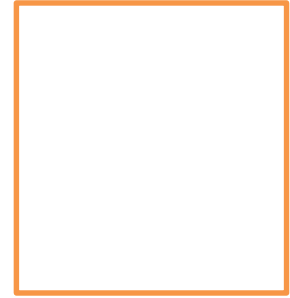


INDIVIDUAL REGISTRATION FORM



Our Reference : -----

Date : _____



1	POSITION APPLIED FOR		
	POSSIBLE DATE OF COMMENCEMENT		EXPECTED SALARY

2	PERSONAL PARTICULARS		
	ADDRESSING TITLE : Mr / Miss / Madam / Cik / Encik / Puan / Others (Please Specify)		
	FULL NAME	NRIC NO. (NEW)	
	HOME ADDRESS	DATE OF BIRTH	
	POSTCODE	STATE	AGE
	RACE : _____	RELIGION : _____	MOBILE / HP NO.
	MARITAL STATUS : _____		TELEPHONE NO. (HOME)
	NATIONALITY : _____		

3	EDUCATION BACK GROUND / PROFESSIONAL QUALIFICATION			
	NAME OF SCHOOL / COLLEGE / UNIVERSITY	QUALIFICATION OBTAINED	YEAR	(FOR OFFICE USE)

4	LINGUISTIC ABILITY			
	LANGUAGES / DIALECTS	STATE YOUR LEVEL OF COMPETENCY (FAIR /GOOD / EXCELLENT)		
		SPOKEN	READ	WRITE
	BAHASA MELAYU			
	ENGLISH			
	OTHERS (Please Specify)			

INDIVIDUAL REGISTRATION FORM



5	EMPLOYMENT HISTORY (Descending Order)					
	DATE		NAME & ADDRESS OF EMPLOYER	POSITION HELD	LAST DRAWN SALARY	REASON FOR LEAVING
	FROM	TO				

6	DETAIL OF CURRENT / LAST EMPLOYMENT	
	Job Duties / Responsibilities : <hr/> <hr/> <hr/> <hr/> <hr/>	Reporting To : <hr/> Allowance / Incentive / Commission Total Monthly Earning (Including Basic Salary)

7 OTHER INFORMATION

Do you have a friend or relative working in this company? YES NO
 If YES, state name, relationship and in which Department _____

Have you applied for any position in this company before? YES NO
 If YES, state the position you applied for and date of your application _____

Have you ever been charged and/or convicted in any Court of Law for criminal offences? YES NO
 If YES, please provide details : _____

Do you have you any active interest in any business undertaking, including family business? YES NO
 If Yes, please provide details : _____

8 MEDICAL & PHYSICAL STATUS

Have you suffered from or currently suffering from serious illness? YES NO
 If Yes, please provide details : _____

Are you suffering from any physical disabilities? YES NO
 If Yes, please provide exact details : _____

INDIVIDUAL REGISTRATION FORM



9 REFERENCE (List Two or Three Personal Referees who are not Relatives)

NAME / ADDRESS / CONTACT NO.	OCCUPATION	YEARS KNOW

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be ground for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized personnel of EBSB for employment purposes. The consent shall continue to be effective during my employment if I am hired. I believe all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I hereby consent to the following:

The information I have submitted here can be used by The company for recruitment purposes in any companies within the group.

- Yes I consent to having my information shared for recruitment purposes within any company of the company's Group.
- No I want my information to be used only by the current company I am applying to for recruitment purposes.

Date : _____

Signature : _____