



# THONG GUAN INDUSTRIES BERHAD GROUP OF COMPANIES

Co. No. 324203-K

Lot 52, Jalan PKNK 1/6, Kawasan Perusahaan Sungai Petani, 08000 Sungai Petani,  
Kedah Darul Aman, Malaysia.

Tel : 604-4417888 Fax : 604-4419888 Email: [adminhr@thongguan.com](mailto:adminhr@thongguan.com)

## APPLICATION FOR EMPLOYMENT

Attach Photograph  
Here

### INSTRUCTIONS:

- Please read the form carefully before filling in your particulars.
- All particulars are to be completed using CAPITAL LETTERS.

\* Used for category D and above

POSITION APPLIED FOR			
EXPECTED SALARY (RM)		NOTICE REQUIRED	

### 1. PERSONAL PARTICULARS

FULL NAME (As in the NRIC)			
HOME ADDRESS			
POSTAL ADDRESS (If different from home address)			
OLD I/C NO.		NEW I/C NO.	
HOUSE TEL. NUMBER		HANDPHONE NUMBER	
AGE		SEX	
HEIGHT		WEIGHT	
DATE OF BIRTH		PLACE OF BIRTH	
RACE		RELIGION	
NATIONALITY		MARITAL STATUS	
E-MAIL		INCOME TAX NO.	
EPF NO.		SOC SO NO.	

### 2. APPLICANT'S EDUCATION BACKGROUND

	NAME OF SCHOOL/COLLEGE / UNIVERSITY/ PROFESSIONAL BODY/ OTHERS	FROM (YEAR)	TO (YEAR)	QUALIFICATION
MBA /PHD / PROFESSIONAL/ OTHERS				
UNIVERSITY				
COLLEGE / TECHNICAL SCHOOL				
SECONDARY SCHOOL				
PRIMARY SCHOOL				
LINGUISTIC ABILITIES				
SPOKEN				
WRITTEN				

### 3. APPLICANT'S WORKING EXPERIENCE

COMPANY'S NAME	DATE OF SERVICE		POSITION(S) HELD	LAST DRAWN SALARY	REASON FOR LEAVING
	FROM	TO			

### 4. APPLICANT'S LIFESTYLE

HOBBIES / PERSONAL INTERESTS			
DO YOU JOINING ANY MEMBERSHIP SUCH AS NGO'S , RELA OR OTHERS (If YES, please stated the membership or position held on the organization)	DETAILS		POSITION
DO YOU SMOKING		DO YOU ACTIVE IN SOCIAL MEDIA (eg: Facebook, Instagram or others)	
DO YOU ABLE TO WORK OVERTIME ?		DO YOU ABLE TO WORK SHIFT?	

### 5. FAMILY BACKGROUND

FATHER'S/ GUARDIAN'S NAME		MOTHER'S NAME	
FATHER'S OCCUPATION		MOTHER'S OCCUPATION	
NATIONALITY OF FATHER		NATIONALITY OF MOTHER	
FATHER'S CONTACT NO.		MOTHER'S CONTACT NO.	
FAMILY'S ADDRESS			

### NAME (S) OF BROTHER (S) & SISTER (S) AND OCCUPATION

NO	FULL NAME	AGE	SEX	OCCUPATION

### IF MARRIED

NAME OF SPOUSE			
EMPLOYER OF SPOUSE		CONTACT NUMBER	
SPOUSE'S OCCUPATION		IC NUMBER	
ARE YOU PREGNANCY NOW? (For FEMALE applicant)			

NO	NAME (S) OF CHILDREN	AGE	SEX	IC NO. / BIRTH CERTIFICATE NO.

**IN EMERGENCY OR ACCIDENT CASE, PLEASE NOTIFY:**

<b>NAME :</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	<b>TEL NO.:</b>

**6. PERSONAL REFERENCES (NOT RELATIVES)**

I hereby agreed for you to contact the below persons for further information on me pertaining to my applications.

FULL NAME	OCCUPATION	TEL NO.	COMPANY NAME	YEARS KNOWN

**7. APPLICANT'S OTHER INFORMATION**

<b>DRIVING LICENSE</b>		<b>DRIVING LICENSE NO.</b>	
<b>DO YOU OWN A CAR OR MOTORBIKE</b>			

**8. GENERAL QUESTIONNAIRE**

<b>ADDITIONAL INFORMATION YOU MAY WISH TO PROVIDE</b>	
Do you have any relatives or friends working in Thong Guan Industries Bhd Group of companies? If YES, please state the name & relation : _____	
Have you ever apply for any job or attended any interview at Thong Guan or any subsidiary in Malaysia or Overseas? If YES, Please state the Date, Position Applied & Company : _____	

**9. OTHER PARTICULARS**

1) Have you been or are you suffering from any physical impairment or disease?	<input type="checkbox"/>
2) Have you ever been convicted for a criminal offence in a court or law in any country?	<input type="checkbox"/>
3) Have you ever been convicted of any drug offences including undergoing rehabilitation program of any kind conducted by an organization?	<input type="checkbox"/>

**10. Consent Form**

**Personal Data Protection**

Thong Guan Industries Berhad Group of companies will use the personal data (including sensitive personal data, such as health conditions, religious beliefs etc.) that you have provided in this form to assess your application for employment.

If your application is successful and you accept employment with the Thong Guan Industries Berhad Group, your personal data will be stored and processed by administrator of Thong Guan Industries Berhad Group's. If your application is unsuccessful, this application of employment form will be retained for not more than one year before we securely destroy it.

**Declaration**

I certify that all information submitted from this application form is true, correct and complete and further authorize investigation on all matters. If the information given is INCORRECT. I will be liable to instant dismissal and it is a condition of employment that all new employees satisfactorily pass a medical examination if required. I also understand that from time to time I may be transferred to other branches for limited or extended periods. Should there be any changes to any of my personal data, I shall notify the Thong Guan Industries Group immediately in writing.

NAME: \_\_\_\_\_

National Identity Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE**  
**Kegunaan Pejabat**

N/A - Not Applicable	1. Poor
2. Average	3. Good
	4. Excellent

**INTERVIEW & ASSESSMENT RECORD - Interviewer to fill in.**

QUALITIES / TRAITS	N/A	1	2	3	4	SCORE	REMARKS
<b>JOB KNOWLEDGE &amp; SKILLS</b> Relevant, not relevant , useful							
<b>LEADERSHIP QUALITIES</b> Responsible, cooperative, independent							
<b>JOB STABILITY &amp; COMMITMENT</b> Steady work record, rolling stone							
<b>MOTIVATION</b> Job Interest, ambitious, money							
<b>MATURITY</b> Mature, well adjusted, childish							
<b>MENTAL ALERTNESS</b> Quick to understand & respond, sharpness, slow							
<b>PERSONALITY &amp; CHARACTER</b> Approachable, cheerful, shy							
<b>VERBAL EXPRESSION</b> Coherent, persuasive, concise							
<b>PERSONAL APPEARANCE/ PHYSICAL HEALTH</b> Neat, scruffy, robust, sickly							
<b>TOTAL SCORE</b>							

**DECISION - Department / SBU head employed to complete**

<b>Company Employed</b> :	_____	<b>Based At</b> :	_____
<b>Job Title</b> :	_____	<b>Starting Salary</b> :	RM _____ per month
<b>Department / Section</b> :	_____	<b>Allowances</b> :	_____ per month
<b>Report To</b> :	_____		_____ per month
<b>Date of Commencement</b> :	_____		_____ per month
<b>Probation Period</b> :	_____ months	<b>Confirmation Increment</b> :	<input type="checkbox"/> NO <input type="checkbox"/> YES _____

<input type="checkbox"/> Recommended For Employment <input type="checkbox"/> KIV <input type="checkbox"/> Reject <input type="checkbox"/> Recommended for other dept. _____	APPROVED BY:	2nd APPROVAL BY:
	_____ <b>HEAD OF DEPARTMENT</b> Name: _____	_____ <b>MANAGING DIRECTOR / DIRECTOR</b> (Approval for Assistant Manager & Above)
<b>Interviewer Name:</b> _____		

**HR Use Only**

<b>Category</b> :	_____	<b>Verified By</b> :	_____	<b>Remarks:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>Job Title</b> :	_____			
<b>Introduced By</b> :	_____			
<b>Background Checking</b> :	<input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes :		<b>Name:</b>	_____	
<b>Call Reference</b> :	_____			
<b>Police Verified</b> :	_____	<b>Employment Clearance By:</b>	_____	
<b>Others</b> :	_____			
	_____	<b>Name:</b>	_____	
	_____			