



# Dytan Health On-line Sdn Bhd (502934-w)

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## EMPLOYMENT APPLICATION

ATTACH RECENT PASSPORT PHOTOGRAPH	POSITION APPLIED FOR :			EXPECTED SALARY :			<b>FOR OFFICE USE</b>			
				NOTICE PERIOD :						
			FULL NAME (as per NRIC) :							
POSTAL ADDRESS :					CONTACT NOS. :					
					MOBILE NO. :					
					HOUSE NO. :					
					OTHER NO. :					
DATE OF BIRTH :		NEW NRIC NO. :		OLD NRIC NO. :		CITIZENSHIP :				
PLACE OF BIRTH :		RACE & RELIGION :		AGE :		GENDER :				
						MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>				
MARITAL STATUS (Mark with an "X")            Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/>										
EPF NO. :			INCOME TAX NO. :				BANK ACCT NO. (MAYBANK)			
<b>ACADEMIC QUALIFICATIONS</b>										
		NAME OF UNIVERSITY / SCHOOL			FROM	TO	CERTIFICATE OBTAINED			
UNIVERSITY / COLLEGE										
SECONDARY SCHOOL										
PRIMARY SCHOOL										
<b>TRAINING COURSES</b>										
		NAME OF COURSES / SUBJECT			FROM	TO	CERTIFICATE OBTAINED			
ATTENDED										
<b>LANGUAGE PROFICIENCY</b>										
		SPEAK			READ			WRITE		
		Good	Average	Poor	Good	Average	Poor	Good	Average	Poor
MALAY										
ENGLISH										
CHINESE DIALECTS										
OTHERS ( <i>Specify</i> ) /										
<b>HEALTH STATUS</b>										
HEIGHT :					WEIGHT :					
<i>(For Medical purposes)</i>										
Have you had any health issues?					YES / NO (If yes, please state exact details)					
Are you pregnant?					YES / NO (If yes, please state how many months')					
Are you willing to undergo Medical Blood Test? (if requested)					YES / NO					

**FAMILY PARTICULARS****FAMILY MEMBERS**

(Parents and Siblings)

**FOR OFFICE USE**

NAME	ADDRESS	RELATIONSHIP	CONTACT NO	OCCUPATION

If married, please state name of spouse and number of children

Spouse Name : \_\_\_\_\_ No. of Children &amp; Age: \_\_\_\_\_

Occupation : \_\_\_\_\_ Contact No : \_\_\_\_\_

**EMPLOYMENT RECORD**

Start with your present position and work back. List all employment.

1) COMPANY NAME & ADDRESS	POSITION HELD		LAST DRAWN SALARY
	FROM :	TO :	REFERENCE : CONTACT NO :
2) COMPANY NAME & ADDRESS	POSITION HELD		LAST DRAWN SALARY
	FROM :	TO :	REFERENCE : CONTACT NO :
3) COMPANY NAME & ADDRESS	POSITION HELD		LAST DRAWN SALARY
	FROM :	TO :	REFERENCE : CONTACT NO :
4) COMPANY NAME & ADDRESS	POSITION HELD		LAST DRAWN SALARY
	FROM :	TO :	REFERENCE : CONTACT NO :
5) COMPANY NAME & ADDRESS	POSITION HELD		LAST DRAWN SALARY
	FROM :	TO :	REFERENCE : CONTACT NO :

If additional blocks are needed for stating previous employment, use another sheet of paper and attach to this application

**OTHER INFORMATION**

MARKS WITH AN "X"	NO	YES	If Yes, Please give details
Have you ever been discharged from previous employment due to misconduct?			
Have you ever been arrested and convicted of a criminal act?			
Have you visited our company website?			
How did you know about our Organization?			

**DECLARATION**

I hereby declare that all information disclosed above are true, complete and correct. Any false information or non-disclosure may be grounds for my immediate dismissal from employment with Dytan Health On-line Sdn Bhd.

\_\_\_\_\_  
DATE\_\_\_\_\_  
APPLICANT'S SIGNATURE

KINDLY ATTACH COPY OF NRIC, UPDATED RESUME AND RELEVANT CERTIFICATES TOGETHER WITH THIS APPLICATION.

**FOR OFFICE USE ONLY**

	Excellent	Good	Average	Poor	Remarks
<b>GENERAL APPEARANCE</b> (Neatness & Proper Attire)					
<b>PUNCTUALITY</b> (On time with schedule)					
<b>COMMUNICATION SKILLS</b> (Command of English/other - spoken)					
<b>BEHAVIOURAL</b> (Manner, Attitude)					
<b>CONFIDENCE</b> (Understand & answer questions)					
<b>KNOWLEDGE</b> (Job Knowledge & General Knowledge)					
<b>TEAM WORK</b> (Ability to work in a team)					
<b>MOTIVATION &amp; AMBITION</b> (What motivates her/practicality)					
<b>MULTI-TASKING</b> (Other Work Skills)					
<b>COMPUTER SKILLS</b> (Familiar with what software)					

**OTHER COMMENTS :-**

<i>Please tick with (√)</i>		ACCEPTED		FIRST INTERVIEW :-	SECOND INTERVIEW :-
Hire		JOB TITLE :		SIGNATURE :	SIGNATURE :
KIV		DEPARTMENT :			
Reject		START DATE :		NAME :	NAME :
		BASIC SALARY :		DATE :	DATE :