RENESAS

RENESAS SEMICONDUCTOR KL SDN BHD

Affix recent pasport size photograph (non-returnable)

PLEASE READ THE INSTRUCTION CAREFULLY:

1. PLEASE FILL UP THE RELEVANT COLUMNS IN THIS FORM.
2. KINDLY NOTE THAT THERE WILL BE **4 PAGES** NEED TO BE FILL UP.
3. PLEASE ATTACH THE PHOTOCOPY OF IC, ACADEMIC CERTIFICATES (SRP/ PMR,SPM, TRANSCRIPT, DIPLOMA & DEGREE) AND OTHER RELATED DOCUMENTS.

POSITION APPLIED :	EXPECTED SALARY :

A. PERSONAL INFORMATION

NAME : MR / MRS / MISS			IC NO. :	
			EPF NO. :	
POSTAL ADDRESS :			SOCSO NO. :	
			NATIONALITY :	
			INCOME TAX NO. :	
PERMANENT ADDRESS :			PHONE NO. HOUSE : MOBILE : EMAIL ADDRESS :	
GENDER :	AGE :	DATE OF BIRTH :	RACE :	RELIGION :

MARITAL STATUS : SINGLE/ MARRIED/ WIDOW/ WIDOWER/ DIVORCEE

IF MARRIED :

1. NAME OF SPOUSE : _____
2. OCCUPATION : _____
3. EMPLOYER : _____
4. EMPLOYER ADDRESS : _____
   _____
   _____
5. NO. OF CHILDREN : _____

B. APPLICANT'S FAMILY BACKGROUND (*SPOUSE & CHILDREN*)

NO	NAME	RELATIONSHIP	AGE	SCHOOL/ EMPLOYER
1.				
2.				
3				
4				
5				

C. IMMEDIATE FAMILY BACKGROUND (*FATHER, MOTHER, BROTHER & SISTER*)

NO	NAME	RELATIONSHIP	AGE	OCCUPATION	SCHOOL/ EMPLOYER
1.					
2.					
3					
4					
5					
6					
7					
8					
9					
10					

	GRANDFATHER'S NAME	GRANDMOTHER'S NAME
PATERNAL		
MATERNAL		

DO YOU HAVE RELATIVES EMPLOYED BY THIS COMPANY OR ITS ASSOCIATED COMPANIES?

YES ☐ NO ☐

IF YES, NAME: POSITION : DEPT: RELATIONSHIP:

ARE YOU BONDED TO SERVE THE GOVERNMENT OR ANY OTHER COMMERCIAL FIRMS?

YES ☐ NO ☐

IF YES, TO WHOM: DURATION OF BOND:

DO YOU HAVE ANY PHYSICAL DISABILITIES / MEDICAL ILLNESS / CHRONIC DISEASE / MENTAL ILLNESS?

YES ☐ NO ☐

IF YES, PLEASE PROVIDE THE DETAILS: _____

HAVE YOU COMMITTED ANY LEGAL OFFENCES?

YES ☐ NO ☐

IF YES, PLEASE PROVIDE DETAILS OF ANY PREVIOUS CONVICTIONS (INCLUDING TRAFFIC OFFENCES).

_____

ARE YOU COLOUR BLIND / DEAF?

YES ☐ NO ☐

IF YES, PLEASE PROVIDE THE DETAILS:

ARE YOU DEPENDENT ON ANY MEDICATION?

YES ☐ NO ☐

IF YES, PLEASE PROVIDE THE DETAILS:

D. EDUCATION

PRIMARY SCHOOL	YEAR		EXAMINATION	GRADE
	FROM	TO		

SECONDARY SCHOOL	YEAR		EXAMINATION	GRADE
	FROM	TO		

UNIVERSITY/ COLLEGE/ POLYTECHNIC/ INSTITUTION	YEAR		COURSE/ MAJOR	GRADUATION DATE	CGPA
	FROM	TO			

E. LANGUAGES

		WEAK	FAIR	FLUENT
MALAY	SPEAK			
	WRITE			
ENGLISH	SPEAK			
	WRITE			
	SPEAK			
	WRITE			
	SPEAK			
	WRITE			

F. OTHER SPECIFIC SKILLS *(I.E., COMPUTER ETC.)*

ITEMS	LEVEL BEGINNER/ INTERMEDIATE/ ADVANCE/ EXPERT

G. EXPERIENCE

CURRENT EMPLOYER

NAME & ADDRESS :

PERIOD OF SERVICE :

FROM		TO	
MONTH	YEAR	MONTH	YEAR

SALARY

START	CURRENT

POSITION/ GRADE & DEPARTMENT :

SCOPE OF WORK :

REASON FOR LEAVING :

PREVIOUS EMPLOYER

NAME & ADDRESS :

PERIOD OF SERVICE :

FROM		TO	
MONTH	YEAR	MONTH	YEAR

SALARY

START	CURRENT

POSITION/ GRADE & DEPARTMENT :

SCOPE OF WORK :

REASON FOR LEAVING :

PREVIOUS EMPLOYER

NAME & ADDRESS :

PERIOD OF SERVICE :

FROM		TO	
MONTH	YEAR	MONTH	YEAR

SALARY

START	CURRENT

POSITION/ GRADE & DEPARTMENT :

SCOPE OF WORK :

REASON FOR LEAVING :

H. HOBBIES & RECREATIONAL ACTIVITIES

ACTIVITY	LEVEL	POSITION	YEAR

I. REFERENCE *(NON RELATIVE)*

NAME :	HOME ADDRESS :	
PHONE NO. : HOUSE : OFFICE : MOBILE :	YEARS KNOWN :	POSITION & EMPLOYER :
NAME :	HOME ADDRESS :	
PHONE NO. : HOUSE : OFFICE : MOBILE :	YEARS KNOWN :	POSITION & EMPLOYER :

J. EMERGENCY CONTACT DETAILS

1. NAME : _____
2. RELATIONSHIP : _____
3. PHONE NO. : _____
4. ADDRESS : _____

DECLARATION

I HEREBY AFFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I HAVE NOT WITHHELD ANYTHING WHICH MAY AFFECT MY EMPLOYMENT. I UNDERSTAND THAT IN THE EVENT THAT ANY OF THE ABOVE STATEMENT IS FOUND TO BE UNTRUE, IF APPOINTED I AM LIABLE FOR IMMEDIATE DISMISSAL.

_____ DATE

_____ SIGNATURE

NOTE:

ANY OFFER FOR EMPLOYMENT IS SUBJECT TO A SATISFACTORY MEDICAL REPORT FROM THE COMPANY DOCTOR.

FOR OFFICE USE ONLY :-

1ST		*2ND / FINAL*		
NAME	**SIGNATURE**	**NAME**	**SIGNATURE**	
				EFFECTIVE DATE :
				COMMENCING SALARY :
				MEDICAL REPORT : FIT FOR EMPLOYMENT YES ☐ NO ☐

APPROVED BY :

_____ DATE

_____ SIGNATURE