

**Kotra Pharma (M) Sdn. Bhd. (90082-V)**

No. 1, 2 & 3, Jalan TTC 12, Cheng Industrial Estate, 75250 Melaka, Malaysia.

Tel: 606-3362222 Fax: 606-3366122

E-Mail : hr@kotrapharma.comPlease attach a
recent photo of
yourself hereSila lekatkan
sekeping gambar
terbaru anda disini**APPLICATION FOR EMPLOYMENT
BORANG PERMOHONAN JAWATAN**

Position Applied For :

Jawatan Dipohon :

Expected Salary :

Gaji Dipohon :

Notice required (to end present employment)?

Notis pemberhentian di syarikat sekarang?

Earliest available date?

Tarikh terawal melapor diri?

PERSONAL PARTICULARS**BUTIR-BUTIR PERIBADI**

Name (as per NRIC) :

Nama (seperti dalam K.P.):

Permanent Address :

Alamat Tetap :

N.R.I.C No. (New) :

No K.P. (Baru) :

Passport No. :

No. Pasport :

Current Address (if not same as above) :

Alamat Sekarang (jika lain daripada di atas) :

Date of Birth :

Tarikh Lahir :

Age :

Umur :

Height (cm) :

Tinggi (cm) :

Weight (kg) :

Berat (kg) :

Tel. No. (Home) :

No. Tel. (Rumah) :

Marital Status :

Taraf Perkahwinan :

Gender :

Jantina :

Tel. No. (Mobile) :

No. Telefon Bimbit :

Nationality :

Warganegara :

Race :

Bangsa :

Religion :

Agama :

E-mail address :

Alamat E-mail :

Type of driving license owned :

Lesen Memandu yang dimiliki :

FAMILY PARTICULARS (spouse, children, parents & siblings)**BUTIR-BUTIR KELUARGA (suami/isteri, anak, ibubapa & adik-beradik)**

Name Nama	Relationship Perhubungan	Age Umur	Occupation Pekerjaan

**ACADEMIC QUALIFICATIONS (attach a copy of certificate and transcript/result)**
KELAYAKAN AKADEMIK (lampirkan salinan sijil dan transkrip/keputusan)

School / College / University <i>Sekolah / Kolej / Universiti</i>	From (MM/YY) <i>Dari</i> (Bulan/ Tahun)	To (MM/YY) <i>Hingga</i> (Bulan/ Tahun)	Qualification Obtained E.g. SPM, Degree, Master <i>Kelulusan Diperolehi</i> Contoh: SPM, Sarjana Muda	Area of Specialization E.g. Economic, Pharmacy <i>Bidang Pengkhususan</i> Contoh: Ekonomi, Farmasi

WORK EXPERIENCE (attach a copy of latest payslip and relevant documents)
PENGALAMAN KERJA (lampirkan salinan slip gaji terkini dan dokumen berkenaan)

Name of Employer/Company <i>Nama Majikan/Syarikat</i>	From (MM/YY) <i>Dari</i> (Bulan/ Tahun)	To (MM/YY) <i>Hingga</i> (Bulan/ Tahun)	Position <i>Jawatan</i>	Last Drawn Salary <i>Gaji Terakhir</i>	Reason for Leaving <i>Sebab Berhenti</i>

LANGUAGE PROFICIENCY (0=Poor to 10=Excellent)
KEMAHIRAN BAHASA (0= Lemah to 10= Sangat Baik)

Language <i>Bahasa</i>	Spoken <i>Pertuturan</i>	Written <i>Tulisan</i>	Read <i>Membaca</i>
Malay <i>Bahasa Melayu</i>			
English <i>Bahasa Inggeris</i>			
Others <i>Lain-lain</i>			

ADDITIONAL INFORMATION
LAIN-LAIN MAKLUMAT

Typing Skills <i>Kemahiran Menaip (p.p.m)</i>	
Software Knowledge <i>Kemahiran Perisian Komputer</i>	
Technical Skills <i>Kemahiran Teknikal</i>	
Hobbies & Interests <i>Hobi & Minat</i>	



OTHER INFORMATION (please tick (/) which related)		Yes	No
KETERANGAN LAIN (tandakan (/) pada yang berkenaan)		Ya	Tidak
1)	Do you have family members working in Pharmaceutical Industry? <i>Adakah kamu mempunyai ahli keluarga yang bekerja dalam Industri Farmaseutikal?</i> If yes, please indicate : <i>Jika ya, nyatakan :</i>		
2)	Do you agree to work on shift? <i>Adakah anda bersetuju untuk bekerja syif?</i>		
3)	May we contact your previous / present employer? <i>Bolehkah kami menghubungi syarikat lama / sekarang?</i>		
4)	Have you been charged in court? If yes, please state the reason : <i>Adakah anda pernah didakwa di Mahkamah? Jika ya, sila nyatakan sebabnya :</i>		
5)	Have you ever been dismissed, terminated or suspended by any previous employer? <i>Pernahkan anda dipecat, diberhentikan atau digantung kerja oleh majikan terdahulu?</i> If yes, please indicate reason: <i>Jika ya, sila nyatakan sebab :</i>		
6)	Do you have any physical disabilities or other chronic illness for last 2 years? <i>Adakah anda mempunyai sebarang kecacatan fizikal atau sebarang penyakit kronik dalam tempoh 2 tahun ini?</i> If yes, please indicate : <i>Jika ya, sila nyatakan :</i>		
7)	Are you under medication? If yes, please state : <i>Adakah anda dalam tempoh rawatan? Jika ya, jelaskan :</i>		
8)	Are you pregnant at this moment? If yes, how many months? <i>Adakah anda sedang hamil? Jika ya, berapa bulan?</i>		
9)	Do you have any illnesses below : <i>Adakah anda mempunyai penyakit seperti dibawah :</i>		
a)	Hypertension <i>Darah tinggi</i>		
b)	Asthma <i>Lelah</i>		
c)	Diabetic <i>Kencing manis</i>		
d)	Allergic to Dust/Chemical/Penicillin/Cephalosporin <i>Alahan pada habuk/bahan kimia/Penicillin/Cephalosporin</i>		
e)	Hepatitis A/B <i>Radang hati</i>		
f)	Psychology Problems <i>Masalah psikologi</i>		
g)	HIV/ AIDS		
h)	Skin Disease <i>Penyakit kulit</i>		
i)	Colour Blindness <i>Buta Warna</i>		
j)	Others (If yes, please state): <i>Lain-Lain (Jika ya, sila nyatakan) :</i>		
10)	Do you have any friends/relatives working in Kotra Pharma (M) Sdn Bhd? <i>Adakah anda mempunyai kawan/saudara yang bekerja di Kotra Pharma (M) Sdn Bhd?</i> If yes, please state Name and Department : <i>Jika ada, sila nyatakan Nama dan Jabatan :</i>		
11)	This Job Application is through a referral from our employee. <i>Permohonan Jawatan ini adalah melalui rujukan.</i> If yes, please state Referral Name (Employee Name) and Department : <i>Jika ya, sila nyatakan Nama Perujuk (Nama Staf) dan Jabatan :</i>		



REFERENCES (Please provide name of one previous/current supervisor and one private referee)

RUJUKAN (Sila nyatakan nama penyelia dahulu/terkini dan rujukan peribadi)

	REFERENCE 1 - Superior RUJUKAN 1 - Penyelia	REFERENCE 2 - Private RUJUKAN 2 - Peribadi
Name of Referee <i>Nama Rujukan</i>		
Company Name and Address <i>Nama Majikan dan Alamat</i>		
Position <i>Jawatan</i>		
Relationship <i>Perhubungan</i>		
Tel. No. <i>No. Tel.</i>		

DECLARATION

Pengakuan

I certify that the details above are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or withholding of any relevant information may provide grounds for the withdrawal of any offer of employment or for its immediate cancellation if the appointment has been accepted. I agree that Kotra Pharma (M) Sdn Bhd can collect, use, disclose, maintain, process and store my personal data in accordance with the Personal Data Protection Act 2010.

Dengan ini saya mengisytiharkan sepanjang pengetahuan dan keterangan serta kepercayaan saya bahawa semua butir-butir yang diberikan di atas adalah benar. Jika ada sebarang kepalsuan yang terdapat di dalam keterangan saya di atas selepas diterima dalam pekerjaan, dengan ini saya memberi kuasa penuh kepada syarikat ini untuk mengambil tindakan undang-undang dan berhak memberhentikan saya dengan serta-merta. Saya setuju bahawa Kotra Pharma (M) Sdn Bhd boleh mengumpul, mengguna, mendedah, menyimpan dan memproses maklumat peribadi saya seperti yang dibenarkan di bawah Akta Perlindungan Data Peribadi 2010.

Applicant's Signature :

Tandatangan Pemohon :

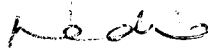
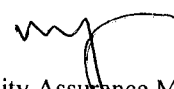
Date :

Tarikh :

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RECOMMENDATION FOR SUCCESSFUL CANDIDATE	DETAILS OF SALARY AND BENEFIT PACKAGE
Position Offer :	Basic salary:
Employment Type: Permanent/Part-Time/Fixed Term/Temporary If Fixed Term/Temporary : From _____ To _____	Job Category/Job Grade :
Immediate Superior :	Date of Commencement :
Date of Interview : _____ Cost Centre : _____	Remarks :
Signature of Lead Interviewer/Date :	

APPROVED BY HOD	APPROVED BY GM/CFO/CIO/MD	RECEIVED BY HR MANAGER
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:

Checked by	 (Human Resource Manager)	Approved by	 (Quality Assurance Manager)
Date:	16/02/17	Date:	17/02/17