



PLEXUS MANUFACTURING SDN. BHD. (399136-M)

EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

Name (as per IC)			
Current Address			
Permanent Address			
Telephone Number	(H)	(O)	(H/P)
I/C Number	(New)	(Old)	
Date of Birth (DD/MM/YY)			Place of Birth
Gender			Marital Status
Race			Religion
Nationality			
Email Address			
Language	(Written)		
	(Spoken)		

FAMILY RECORD

Relationship	Name	Highest Qualification	Occupation	Employer
Father		NA		
Mother		NA		
Spouse				
Brothers or Sisters				

No	Children's Name	Gender	Date of Birth
1			
2			
3			
4			
5			
6			

EDUCATION

(Please attach copies of your resume/certified certificates and transcripts/etc)

Education Level	Name of Institution	Highest Qualification Attained (Please state Grade, Honours + Discipline)	Year	
			From	To
Secondary Certificate				
Diploma		CGPA:		
Tertiary				
Others		CGPA:		

EMPLOYMENT HISTORY**CURRENT EMPLOYMENT (Please attach your latest salary slip)**

Employer			
Type of Industry		Telephone Number	
Your Position			
Your Job Functions / Department			
Reporting to (Supervisor's name)			
Supervisor's Job Title			
Employment Date	(From)	(To)	
Position	(Start)	(Current)	
Basic Salary	(Start)	(Current)	
Other Allowances (Please specify)			
Reason for Leaving			

Please draw an organization chart showing your present position inclusive of subordinates reporting to you, if any.
(Please attach another sheet if the space below is insufficient)

PREVIOUS WORK EXPERIENCE

1) Employer			
Type of Industry		Telephone Number	
Your Position			
Your Job Functions			
Reporting to (Supervisor's name)			
Supervisor's Job Title			
Employment Date	(From)	(To)	
Position	(Start)	(End)	
Basic Salary	(Start)	(End)	
Other Allowances (Please specify)			
Reason for Leaving			

2) Employer			
Type of Industry		Telephone Number	
Your Position			
Your Job Functions / Department			
Reporting to (Supervisor's name)			
Supervisor's Job Title			
Employment Date	(From)	(To)	
Position	(Start)	(End)	
Basic Salary	(Start)	(End)	
Other Allowances (Please specify)			
Reason for Leaving			

PREVIOUS WORK EXPERIENCE

3) Employer		
Type of Industry		Telephone Number
Your Position		
Your Job Functions / Department		
Reporting to (Supervisor's name)		
Supervisor's Job Title		
Employment Date	(From)	(To)
Position	(Start)	(End)
Basic Salary	(Start)	(End)
Other Allowances (Please specify)		
Reason for Leaving		

GENERAL INFORMATION

1) Expected salary:			
2) Notice period required:			
When can you start work?			
May we contact your previous employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3) How did you get to know of this vacancy?			
4) Have you worked with PLEXUS before? If Yes, please state below:- <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Vacation Trainee
Department:	Supervisor:		
Employee Number:	Start Date:		
	End date:		
5) Do you have any relatives or friends working with PLEXUS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Friends' Name	Department	Relative's Name	Department
a)		a)	
b)		b)	
6) Have you obtained any financial assistance or scholarship from any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you bonded by the sponsor? If yes, please state:-			<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Sponsor name:	c) Amount:		
b) Bond type:	d) Bond period: (From)		(To)

PERSONAL REFEREES

Name		Name	
Relationship		Relationship	
Occupation		Occupation	
Employer		Employer	
Telephone No.		Telephone No.	
Address		Address	

EMERGENCY CONTACT

Name		Name	
Relationship		Relationship	
Telephone No.		Telephone No.	
Address		Address	

DECLARATION

This application is not complete until the following statement has been read and signed.

I declare that all of the information given by me is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for employment or dismissal from the Company's service if I am employed. I hereby give my consent voluntarily to the Company or Company appointed independent Pre Employment Screening services provider to conduct searches and verification on my background information and authorize the Company to secure related informations regarding myself.

Signature: _____

Date: _____

FOR SUPERVISOR/ MANAGER TO COMPLETE

Proposed Position : _____

Cost allocation : Hillside Riverside - East Riverside - North Riverside - South

Seaside Islandview Cost Center

Physical Location : Hillside Seaside Riverside Islandview

Headcount Requisition ID : _____

Replacement for / Forecast ID (new add): _____

Signature: _____

Remarks:

Name: _____

Designation: _____

Date: _____

FOR HR TO COMPLETE

Job Title: _____

Start Salary: _____

Category: Management IDL Exempt IDL Non-Exempt

APPROVED BY

Department Manager / Director / General Manager

Name:

Date:

Name:

Date:

Name:

Date:

Human Resources

Vice President / Regional President

Name:

Date:

Name:

Date:

Name:

Date: