Registration №:

Position Applied:

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| **1) Personal Information** |
| **Name:** |  | please place Your photo here |
| **Surname** |  |
| **Gender:** | Male:  | Female:  |
| **Nationality/Race:** |  |
| **Citizenship:** |  |
| **Date of Birth:** |  | **Place of birth:**  |
| **Place of registration****(passport data)/propiska:** |  |
| **Address as per actual living (if different from above):** |  |
| **Contact details:** | **Home phone: Mobile phone:**  |
| **E:mail address:** |  |
| **Driving licence:** | **Yes:** |  | **No: Type:**  |
| **Private car (if any pls give details):** |
| **Marital status:** |  |
| **single**  | **married** | **divorced** | **widow** |
| **No.of Children (if any):** |  |
| **Name(s):** |  |  |  |
| **Age:** |  |  |  |
| **Family Details:** |
|  | **Father** | **Mother** | **Spouse** |
| **Name:** |  |  |  |
| **Profession:** |  |  |  |
| **Place of work:** |  |  |  |

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| **2) Education/Courses/Trainings** |
| **Secondary** | **Higher** | **Technical education** | **Specialized**  |

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| **Date (start - end)** | **Name of Institution** | **Qualification/Speciality:** |
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| **3) Work experience:** |
| **Date (start - end)** | **Company Name/Organization** | **Position title** |
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| **Please describe Job Functions** |  |
| **Reason of leave:** |  |
| **Last salary:** |  |
| **Immediate Superior's** |  |
| **Name:** |  |
| **Position:** |  |
| **Phone:** |  |

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| **Date (start - end)** | **Company Name/Organization** | **Position title** |
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| **Please describe Job Functions** |  |
| **Reason of leave:** |  |
| **Last salary:** |  |
| **Immediate Superior's** |  |
| **Name:** |  |
| **Position:** |  |
| **Phone:** |  |

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| **Date (start - end)** | **Company Name/Organization** | **Position title** |
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| **Reason of leave:** |  |
| **Last salary:** |  |
| **Immediate Superior's** |  |
| **Name:** |  |
| **Position:** |  |

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| **Date (start - end)** | **Company Name/Organization** | **Position title** |
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| **Please describe Job Functions** |  |
| **Reason of leave:** |  |
| **Last salary:** |  |
| **Immediate Superior's** |  |
| **Name:** |  |
| **Position:** |  |
| **Phone:** |  |
| **Phone:** |  |

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| **Date (start - end)** | **Company Name/Organization** | **Position title** |
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| **Please describe Job Functions** |  |
| **Reason of leave:** |  |
| **Last salary:** |  |
| **Immediate Superior's** |  |
| **Name:** |  |
| **Position:** |  |
| **Phone:** |  |

*If required you can add additional page for your work experience.*

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| **4) Can we contact any of Your Employer? Yes: No:** |
|  |
| **5) Language Knowledge: (please clarify fluent / good / fair)** |
|  | **Written** | **Spoken/Verbal** | **Translation** |
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 (Please add into empty cell any other language(s) you know if its not in a list)

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| **6) Computer knowledge (please put tick in the cell obtaining program You can use)**MS Word **(please put tick in the cell c**Excel Ц**btaining programm You can**3D Max**jse)**Photo shop |
| MS Word | Excel | 3D Max | Photo shop |
| Auto Cad | Corel Draw | Power Point |  |
| Linux | C0 | Outlook |  |

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| 1. Any information which may interest Employer:
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| 1. **Hobbies or other interest (if any):**
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| 1. Contact persons (in case of emergency):
 |
| 1. Full Name:
 |
|  Contact details: |
| 1. Full Name:
 |
| Contact details: |
|  |
| 1. Where did you find out about the vacancy and Company?
 |
| Newspaper: | labour exchange: | other (indicate): |
| 1. Do/Did You have any disease which may be considered as infectious and/or may require immediate/special medical attention?
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| Yes: | No: |
| If Yes, please clarify |
|  |
| 1. Family member(s) working in Petronas?
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| Yes : No : If Yes, pls clarify Name & relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Would you be willing to relocate? Yes : No : If Yes, pls clarify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you been restricted or prohibited by laws to hold any particular position for some period of time?Yes : No : If Yes, pls clarify and state period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever been convicted of a crime? Yes : No : If Yes, pls clarify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Please be notified that all successful candidates are required to pass their pre-employment medical examination in compliance with Company's policy.All information in the Application form shall be treated as strictly confidential by the Company. By signing of this Application the applicant shall declare the authenticity of the information given.*Your signature below indicates your consent to the above.**I certify that, to the best of my knowledge, all the information on this application is true, correct and complete.*Date: Applicant's signature\_\_\_\_\_\_\_\_\_\_\_\_ |