



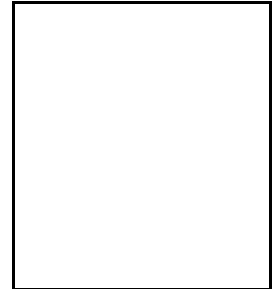
JOFFREN OMAR CO SDN BHD

Fig 25.2

Main Office : Lot. 47-48, Sg. Bera Light Industrial Area, Seria, Brunei Darussalam
 Postal Address : P.O. Box 285, Seria KB1190, Brunei Darussalam
 Tel : 3222183 / 3228201 / 3223840
 Fax : 3227200 / 3223974
 E-Mail : general@joffrenomar.com

EMPLOYMENT APPLICATION FORM

1. Please complete In Block Letters.
2. This application form should be duly completed and returned with a passport size photograph.
3. Please attach photocopies of educational certificates, testimonials and Identity Card to this form. Originals are to be produced at the interview.



POSITION APPLIED FOR A. _____
 (State in order of preference) B. _____

Name :	Race :
Birthdate :	Citizenship :
Sex :	I/C No. / Colour :
Religion :	Passport No. :
Marital Status :	Driving Licence (Class) :
Email Address :	

Permanent Address : _____ Tel: _____

Brunei Address : _____ Tel: _____

	Name	Relationship		
Relatives Or Friends Employed By This Company				
Education	School / College / University	Highest Standard Passed	Years	
			From	To
Secondary				
Pre-University				
College				
University				
Others				

Special Skills Or Training			
What Foreign Languages Do You Speak, Read And / Or Write Fluently? (eg. <i>English, Malay, Mandarin</i> etc)			
Speak Read Write	Fluent	Good	Fair
PREVIOUS EMPLOYMENT AND REFERENCES (Give in chronological order beginning with the most recent position)			
	Present / Last Employer	Previously Employed By	
Name Of Employer			
Address			
Date Of Employment			
Position (s) Held			
Salary			
Reason For Leaving			
Personal References- Please give the names and addresses to whom you are not related			
Name			
Address			
Telephone			
PERSONS TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY			
Name			
Relationship			
Address			
Telephone			
Computer Skills (Yes / No)			
Please specify software you are familiar with			

1. Salary Expected: _____ Per Working Day / Per Month

2. Have you Been convicted for any crime? YES / NO

If YES, give details please

:

3. Are you suffering or have suffered from any major illness or disability? YES / NO

If YES, give details

:

4. Have or had you any undesirable habits, such as excessive alcohol, drug addiction or gambling? YES / NO

5. If selected, are you prepared to be posted or transfered to any of our branches in the State of Negara Brunei Darussalam? YES / NO

DECLARATION

I hereby declare that all the information given by me in this application is to the best of my knowledge true and correct.

I also declare that I have not withheld any information that may be relevant to your decision to offer me an employment in the company.

I fully agree that my service may at the discretion of the Company be terminated if any part of this declaration is false.

Date of Application

Signature of Applicant

NOTE:

This application form and any attachment are not returnable. The Company is also not obliged to respond to all applications. Only shortlisted candidates will be notified.

FOR HUMAN RESOURCES DEPARTMENT USE

Date Received :