



APPLICATION FORM

Personal Information

A. Candidate Name

Birthdate:

Address:

Zip Code:

Marital Status:

Spouse's Name:

Spouse's Occupation:

No. of Children & Name(s)

1.

3.

5.

B. Candidate Contact

Title

DID HP

Email

Emergency Contact Name:

Emergency Contact No:

Spouse's Company Name:

2.

4.

No. in Family

Father's Name & Occupation/Company name

Mother's Name & Occupation/Company Name

Monthly Family Income = RM

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Education (Does the candidate have a CV they can email? – If so do attach.)

Highest Academic Qualification(s)

1.

2.

3.

Other Certifications:

Memberships:

EXPERIENCES

Experience 1

What is the current title of the position?

Name of the Organisation?

Date Join?

What are the job responsibility?

How many subordinates?

To whom will the person report? Can we contact this person to verify the information/as your referral?

Name:

Title:

Dept:

Contact #:

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Reason for the leaving?

Achievements:

Current Salary:

Experience 2

What is the current title of the position?

Name of the Organisation?

Date Join?

What are the job responsibility?

How many subordinates?

To whom will the person report? Can we contact this person to verify the information/as your referral?

Name:

Title:

Dept:

Contact #:

Reason for the leaving?

Achievements:

Current Salary:

Experience 3

What is the current title of the position?

Name of the Organisation?

Date Join?

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What are the job responsibility?

How many subordinates?

To whom will the person report? Can we contact this person to verify the information/as your referral?

Name:

Title:

Dept:

Contact #:

Reason for the leaving?

Achievements:

Current Salary:

Experience 4

What is the current title of the position?

Name of the Organisation?

Date Join?

What are the job responsibility?

How many subordinates?

To whom will the person report? Can we contact this person to verify the information/as your referral?

Name:

Title:

Dept:

Contact #:

Reason for the leaving?

Achievements:

Current Salary:

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Risk & Qualification Assessment

POSITION APPLIED

i) Experience in job applied : _____ years

ii) Experience in other jobs related to job applied : _____ years

Willingness to work

Outstation

Long hours

Odd hours

HEALTH CONDITION

Satisfactory Fair Poor

1 Mental stability

2 Physical

3 Any critical disease/handicap: _____

4 Undergo certain kind of medical treatment (please specify) ; _____

5 Involvement in bad habits:

Smoking

Alcohol

Others;

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ACTIVITIES

Satisfactory Fair Poor

1 Sports & Recreation

2 Professional member of registered bodies

What kind of person are you & What are you looking for? (culture fit)

What industries/companies would you want to go into?

What are the short, medium and long term career prospects/aspirations?

What is your notice period?

Declaration/PDPA

I, _____, NRIC/Passport No.: _____ have read, understood and filled this form personally. The above information shared is the truth of my representation and I agreed to let Global Talent Link Sdn Bhd to represent me to their selected clients.

In return I will honor the assignment(s) given to me by GTLSB. Should I Accept, signed and later leave the client within 3 months notice, I understand that I will be liable to pay 1 month salary to GTLSB. Meanwhile under Notice of the Personal Data Protection Act 2010 regarding the processing (including the collection, use, disclosure, holding and storing) of my personal data, and I hereby consent to have Global Talent Link Sdn Bhd to process my personal information for the purposes and to the extent stated above.

Candidate's Signature:

Candidate Name:

Candidate I/C No:

Consultant's Name:

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Date:

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