

Document No : SM/HR/FR/003
Reference SOP : SOP/SM/009

Rev :01

Effective Date : 09 Mar 2015
Supersedes: Rev:00;07/12/11**Kotra Pharma (M) Sdn. Bhd. (90082-v)**

Notes:
This form should be **completed in FULL**. Please attach an addendum if there is insufficient space.
Please attach copies of your education certificates/ transcripts and latest pay slip together with this application form

APPLICATION FOR EMPLOYMENT (SALES & MARKETING OFFICE)

PERSONAL PARTICULARS	
Position Applied For:	Division: <input type="checkbox"/> Ethical
Name (as per NRIC):	<input type="checkbox"/> OTC/ Consumer
NRIC/ Passport No:	Sex:
Date of Birth:	Race:
Marital Status:	Religion:
Address (Home):	Nationality:
	Email Address:
(Correspondence; if different from above):	Home Phone No:
	Mobile Phone No:

FAMILY PARTICULARS				
Please provide details of your spouse, children, parents & siblings (for Single)				
Name	Relationship	Age	Occupation	Company

EDUCATION BACKGROUND (Please attached with certificates)			
School/ University/ Institution	Year		Qualification
	To	From	



EMPLOYMENT RECORDS (Please attach with your resume/ relevant documents)

Name of Company	Position	Salary (RM)	From (MM/YYYY)	To (MM/YYYY)	Reporting to (Name & Position)	Reason(s) for Leaving

LANGUAGE PROFICIENCY (0 = Poor To 10 = Excellent)

Language	Spoken	Written	Read
English			
Malay			
Others, please specify :			

OTHER RELEVANT INFORMATION (*Please underline)

Driving skills: Yes / No	Willingness to travel: Yes / No
Possess own car: Yes / No	Willingness to relocate: Yes / No

SALARY INFORMATION

Basic Salary:	Expected Salary:
Allowances:	Noticed Period:
Incentives:	Earliest Available Date:
Bonus (fixed / variable):	Others (please specify):

REFERENCES (Please provide at least 2 of your previous or current supervisor)

Name	Company	Position	Relationship	Contact No



GENERAL INFORMATION

1. Do you have family members working in Pharmaceutical Industry? Yes / No
(If yes, please provide details)

2. Have you applied for any employment and have attended any interview in Kotra Pharma before? Yes / No
(If yes, please provide details)

3. Do you have any relatives/ friends working in Kotra Pharma? Yes / No
(If yes, please state name, department and relationship)

4. Have you suffered from any serious illness/ major medical condition, mental disorder or physical impairment? Yes/ No
(If yes, please provide details)

5. Are you under any medication? Yes / No
(If yes, please provide details)

6. Are you pregnant at this moment? Yes / No
(If yes, please provide details)

7. Have you ever been convicted of criminal offence in any country? Yes / No
(If yes, please provide details)

8. Have you ever been declared a bankrupt? Yes / No
(If yes, please provide details)

9. Have you been dismissed from the service of your previous employers? Yes / No
(If yes, please provide details)

10. May we contact your previous employer? Yes / No

Application through:

Newspaper

Referral
Please provide referral name:

.....

Online portal

Agency
Please provide agency name:

.....



DECLARATION

I hereby voluntarily give Kotra Pharma the right to make an investigation of my past employment activities. I further agree to cooperate in such investigation and to indemnify any person and / or company against any liability for providing such information.

I consent and authorize the Company to use all the personal data contained in this application form as appropriate in the processing of this application and for the Company's legitimate and legal functions. These include but not limited to the reference check, administration of benefits, monitoring requirements, protection of health and safety of employees and/ or response to legal process or requirements.

If employment is obtained under this application I will abide by all policies, procedures and regulations of the Company. I agree to wear or use protective clothing or devices as required by the Company and to comply with all safety procedures.

I hereby declare that the particulars in this application form and documents attached herein are true, completed and accurate in every respect.

I understand that any false declarations or statements made by me in this application or any supplement thereto or in connection with the above mentioned investigation will be sufficient grounds for immediate discharge.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

For HR use:

Employee No:	Basic salary (RM):
Department / Section:	Car Allowance (RM):
Position:	Petrol Claim (RM) (<i>Petronas Card provided</i>):
Job Grade:	Handphone Claim (RM) (<i>Maxis card provided</i>):
Join date:	Parking Subsidy/Seasonal Parking Card (<i>if any</i>):
Reporting to:	Others:
Other Remarks (if any):	

RECOMMENDED BY: MANAGER / HOD	APPROVED BY: GENERAL MANAGER	APPROVED BY: MANAGING DIRECTOR
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:

Checked by	SIGNED (General Manager – Ethical Division)	Approved by	SIGNED (Quality Assurance Manager)
Date:	04/03/15	Date:	04/03/15