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Rev :00

Effective Date : 18 Sept 2017
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Kotra Pharma (M) Sdn. Bhd. (90082-v)

Notes:

1. This form must be **completed in FULL**. Whichever not applicable, please state N.A.
2. Please attach an addendum if there is insufficient space.
3. Please attach copies of your professional/academic certificates, transcripts and latest pay slip together with this form.

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR :	DIVISION (please tick) : <input type="checkbox"/> Ethical <input type="checkbox"/> OTC/Consumer
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PART A : PERSONAL PARTICULARS

Full Name (as given in NRIC) : Mr/Mrs/Miss		
NRIC :	Passport No :	Date of Birth :
Marital Status : (e.g Single / Married / Separated / Divorced / Widowed)		Race :
Nationality:		Religion :
Home Address :		Email Address:
Present Address (if different from above) :		Home Phone No: Mobile Phone No:

PART B : FAMILY PARTICULARS (Please provide details of your parents, spouse, children & siblings (for Single))

Name of Parent/Spouse/Children/Siblings	Relationship	Age	Occupation	Name of Company / School

PART C : EMERGENCY CONTACT

Name	Relationship	Address	Contact No



PART D : EDUCATION BACKGROUND *(Please list qualifications beginning with the most recent and enclose a copy of qualification obtained eg. degree, diploma, and any relevant certificates & transcripts)*

Name of School/College/University/Institution	Year		Qualification/Grades Obtained
	From	To	

PART E : EMPLOYMENT RECORDS *(Please start with present employment & attach with your updated resume/relevant documents)*

Name of Company	Position Held	Last Drawn Salary (RM)	Period Employed		Reporting to (Name & Position)	Reason(s) for Leaving
			From	To		

Current Basic Salary :	Expected Basic Salary :
Current Allowances :	Noticed Period Required : _____ week(s) / month(s)
Current Incentives :	Tentative Date of Joining :
Current Bonus (fixed / variable) :	Others (please specify) :

PART F : LANGUAGE AND DIALECTS PROFICIENCY *(State - Good, Fair or Slight)*

Language	Spoken	Written	Read
English			
Malay			
Others, please specify :			

PART G : REFERENCES *(List two persons who we may approach for reference. Referees should be work reference (e.g your previous or current supervisor)*

Name	Company	Position Held	Relationship	Contact No



PART H : OTHER INFORMATION & WORK RELATED HISTORY *(Please answer all the questions. If your answer to any of the questions is 'Yes', please give details)*

- 1. Do you own any vehicle? Yes / No Car details: Plate noBrand and Model.....Color.....
(This information is for Petrol Card purpose if successful placement)
- 2. Have you a valid driving license? Yes / No Class of license *(please provide detail):*
- 3. Willingness to travel? Yes / No
- 4. Willingness to relocate? Yes / No
- 5. Do you have family members working in Pharmaceutical Industry? Yes / No
(If yes, please state name, position held, relationship and company name)

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

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

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

9. Have you ever left or been denied a job on health grounds? Yes / No
(If yes, please provide details)

10. Are you under any medication or take any regular medication? Yes / No
(If yes, please provide details)

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

12. Do you have any other health issues that have not been mentioned above or about which you would like to provide further details? Yes / No
(If yes, please provide details)

13. Are you currently charged by any court of law or have you ever been convicted of any civil / criminal offence in any country? Yes / No
(If yes, please state what offense and when)

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

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

16. Application through *(please tick)*:

- Newspaper
- Employee Referral. Please provide referral name :
(Only tick if the referral is still active in employment with Kotra Pharma)
- Online Portal
- Agency. Please provide agency name :



PART I : PERSONAL DATA PROTECTION

We will keep the personal data you provided in this form private and confidential and will treat and process such personal data in line with the current personal data protection legislation. We will only use such personal data to process, review, administer and assess your application for employment. If your application is successful, we may use your personal data provided herein from time to time for all aspects of, the administration of your employment and business management purposes (including payroll administration, reporting requirements to various government authorities such as the Inland Revenue Board, the Employee's Provident Fund, the Social Security Organization ("SOCSO"), for trend analysis, performance review etc., for the purposes of complying with various regulatory and contractual requirements and for such other purposes which are in line with the applicable laws) and will remain in our possession for such periods in accordance with our Document Retention Policy after you leave your employment with us for whatever reason. In reviewing your application, we may contact any organizations/ persons to check on the personal data that you have given us (including contacting your previous and current employers and/or educational establishments). Please note that we cannot accept applications from applicants who do not agree to these stipulations. If your application is unsuccessful, we shall not retain your personal data longer than [12 months] from the date of this form unless you agree that we may

****retain your Personal Data for future employment opportunities with us or any of our subsidiaries or affiliate companies wherein we shall retain such information for such periods in accordance with our Document Retention Policy.**

Please note that the recipients of your Personal Data will be the authorized officers, employees and/or agents of Kotra Pharma (M) Sdn Bhd that are responsible for the processing and assessment of your application and for personnel administration purposes.

In accordance with the Personal Data Protection Act 2010, you have the right to access, amend, limit or discontinue the use, processing or disclosure of your personal data or request for copies of your personal data by submitting your request to the Human Resources Department, Kotra Pharma (M) Sdn Bhd.

By providing your personal data required in this form and by signing on this form, you are giving us your explicit consent to our use, processing and disclosure of your personal data in the ways stated above.

**** please tick if agreeable by you**

PART J : APPLICANT'S 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 (including declaration of health) and documents attached herein are true, completed and accurate in every respect. I understand that failure to declare health problems or making any false declarations/statements 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 HUMAN RESOURCES USE ONLY

Interview Date	1 st	2 nd
Recommendation for Recruitment	Yes / No	

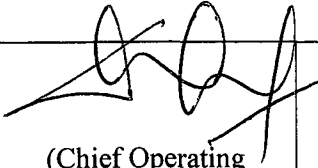
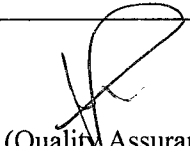
FOR HUMAN RESOURCES USE ONLY:

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

Status of Employment (*please tick*): Replacement _____
 (*Name of incumbent in previous position*)
 New Headcount/Expansion
 Temporary/Contract (*please justify*) _____

Other Remarks (if any):

RECOMMENDED BY: HIRING MANAGER / HOD	ENDORSED BY: BUSINESS LEAD / GLOBAL BUSINESS LEAD	APPROVED BY: CHIEF OPERATING OFFICER/ MANAGING DIRECTOR
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:

Checked by	 (Chief Operating Officer)	Approved by	 (Quality Assurance Manager)
Date:	12/11/17	Date:	15/09/17