



STAFF REGISTRATION FORM

Full Name: _____

Address: _____

Contact No. (Home): _____ Hand Phone: _____ E-mail: _____

I/C No. (New): _____ Sex: _____ Age: _____

E.P.F. No.: _____ Licence No. _____ Class: _____

Vehicle No: _____ Model and Year: _____

Marital Status: _____ Name of Spouse: _____

Emergency Contact Person: _____ Relations: _____

Emergency Contact No.: _____

Education

#	University/ School	Year	Course Studied	Certificate Awarded
1				
2				
3				
4				

University/ School Activities

#	University/ School	Year	Society/ Club	Activities/ Achievements
1				
2				
3				
4				

Language

#	Language	Spoken*	Written*
1			
2			
3			
4			

(* E.g. Excellent, Good, Fair or Poor)

Skills

#	Proficiency**	Skill(s)	Years of Experience
1		Microsoft Office - Word - Excel - Power Point -	
2			
3			
4			

(**Proficiency: Excellent, Good, Fair or Poor)

Employment History

#	Company Name	Position	Period of Employment	Reason for leaving
1				
2				
3				
4				

Personal Background

Outdoor activities: _____

Hobbies: _____

Do you smoke: Yes No

Do you suffer from any illness: Yes No If yes, please state: _____

Job Preferences

Research Administrative ICT Marketing Biostatistics

Willing to travel Yes No Willing to relocate Yes No

I declare that all the information given is true and I understand that any false information given may render me liable if employed to dismissal.

(Signature of Applicant)

(Date)

For HR Office use only

Date joined: _____ Designation: _____ Unit: _____

Status: _____ Date received: _____ Date data entered: _____

Signature: _____