



# ViTrox Corporation Bhd. (649966-K)

No. 85-A, Lintang Bayan Lepas 11, Bayan Lepas Industrial Park

Phase 4, 11900 Bayan Lepas, Penang, Malaysia

Tel: +60-4-646 6227 Fax: +60-4-646 6327

[www.vitrox.com](http://www.vitrox.com)

## Application Form

Position Applied:

Expected Salary:

Source/Referrer's Name:

Date Available (Join Date):

(Passport sized photo)

### Applicant

Full Name:		Name In Chinese Character:	
Permanent Address:		Correspondence Address:	
Tel No.(H):	H/P No:	Email:	

### Personal Particulars

Old IC No.:	Age:	Nationality:
New IC No.:	Sex:	Race:
Date of Birth:	Height:	Religion:
Place of Birth:	Weight:	Marital Status:

### Immediate Family Members Information (spouse, parent, children & sibling)

Name	Relationship	Age	Study Level / Working Position	Name of School/Company

### Education Background (Start from lower to higher education)

Month/Year		Schools / Colleges / Institute / Universities	Qualification (Certificate / Diploma / Degree)	Courses	Grade (last CGPA, if any)
From	To				

### Employment History (Start from the first employment)

Month/Year		Employer	Position	Start Salary	End Salary	Reason for Leaving
From	To					



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### Academic Achievement (Recognition / Patent & Others)

Year	Achievement

### Extra Curriculum Achievement

Year	Curricular Activities

### Language (Proficiency Best = 10 - Worst = 1)

No.	Languages	Spoken	Written

### Computer Application / Technical Skill Proficiency (Best = 10 - Worst = 1)

No.	Computer Application	Proficiency	Technical Skills	Proficiency

### Personality

No.	Strength	No.	Weakness	No.	Hobbies

### Other Information (Circle & write where applicable)

1	Do you have any relatives/friends working in ViTrox?	No / Yes	(Name)	_____
2	Do you have any relatives / friends working in automation company or similar nature of business?	No / Yes	Name)	_____
3	Have you suffered from illness, injury, operation or transmissible disease?	No / Yes	(What)	_____
4	Are you currently under any kind of medication. If yes, please state	No / Yes	(What)	_____
5	Are you pregnant at present? (For Female application only)	No / Yes	(Months)	_____
6	Are you a member of any Professional Body / Union?	No / Yes	(Name)	_____
7	Have you ever had any police conviction?	No / Yes	(Case)	_____
8	Have you involved in any illegal drug taking?	No / Yes	(When)	_____
9	Have you been declared bankruptcy?	No / Yes	(When)	_____
10	Have you ever had any disciplinary in your employment?	No / Yes	(What)	_____
11	Have you been terminated by your previous employer?	No / Yes	(Why)	_____
12	Do you accept department transfer?	No / Yes	(What)	_____

### Declaration

I hereby certify that all the particulars furnished on this application form are to the best of my knowledge true and correct.  
I agree and accept that a misrepresentation or permission of facts called herein will be sufficient cause of cancellation of consideration for employment or dismissal from the Company's service if I have been employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date