

## APPLICATION FOR EMPLOYMENT

1. This form should be **FULLY COMPLETED**. Where not applicable, please indicate N/A.
2. Please attach certified true copies of relevant certificates and testimonials (if any).
3. Kindly ensure all information filled is correct and truthful.

Please attach recent photo

**Position Applied For:**

### I. PERSONAL PARTICULARS

<b>Name (as in NRIC):</b>		<b>Alias (if any):</b>	
<b>NRIC:</b>		<b>Gender: Male   Female</b>	<b>Nationality:</b>
<b>Date of Birth:</b>	<b>Age:</b>	<b>Race:</b>	<b>Religion:</b>
<b>Marital Status: Single   Married   Divorced   Widowed</b>		<b>Height: ____ cm</b>	<b>Weight: ____ kg</b>
<b>Residential Address:</b>		<b>Mailing Address (if different from residential):</b>	
<b>Contact No (Home):</b>	<b>Contact No (Mobile):</b>	<b>Contact No (Office):</b>	<b>Email Address:</b>
<b>EPF No:</b>	<b>SOCSSO No:</b>	<b>Income Tax No:</b>	<b>Passport No:</b>
<b>* Female applicant, are you pregnant at this time of application: Yes   No</b>			<b>If yes, please state your due date:</b>
<b>Contact person in case of emergency:</b>			<b>Relationship:</b>
<b>Contact No (Office / Home):</b>			<b>Contact No (HP):</b>
<b>Maybank Account Name:</b>			<b>Maybank Account No:</b>

### II. FAMILY DETAILS

Name of Parents, Spouse, Children, Siblings	Relationship	Age	Occupation	Company

### III. ACADEMIC QUALIFICATION

From	To	Name of Institution	Qualification	Grade

### IV. CURRENT EMPLOYMENT

From	To	Name of Company	Designation	Reporting To	Reasons for Change
Achievements & Awards					
Career Progression					

### V. EMPLOYMENT HISTORY

From	To	Name of Company	Designation	Last Salary	Allowances	Reasons for Leaving

### VI. PROFESSIONAL MEMBERSHIP

Name of Association/ Institution	Year of Admission	Type of Membership	Position (if any)

### VII. LANGUAGE PROFICIENCY

Language	Spoke			Read			Written		
	Fluent	Fair	Slight	Fluent	Fair	Slight	Fluent	Fair	Slight
English									
Malay									
Chinese / Mandarin									
Others:									
Others:									

## VIII. COMPUTER SKILLS

Programme / Software	Advanced	Intermediate	Basic
Microsoft Word			
Microsoft Excel			
Microsoft Power Point			
Others (Please specify)			

## IX. PERSONAL TRAITS AND CAREER GOAL

Strengths	
Weaknesses	
Career Objective	

## X. COMPENSATION AND BENEFIT PACKAGE

Current Basic Salary		Transport Allowance	
Phone Allowance		Meal Allowance	
Share Option		Average Bonus (months)	
Contractual Bonus		Accommodation	
Others (Please specify)		Expected Salary (basic)	

## XI. ADDITIONAL INFORMATION

	Yes	No
1. Have you been or are you suffering from any disease/ illness/ major medical condition/ mental disorder or physical impairment? If yes, please give details:		
2. Are you a chain smoker/ light smoker (includes electronic cigarette and conventional cigarette)? If yes, please state years of smoking record:		
3. Is your illness requires you to be on medication or consultation for more than 3 months? If yes, please state illness, date and examining doctor:		
4. Are you currently taking any prescribed medications/ prescribed drugs? If yes, please give details of the medication/ drugs:		
5. Have you been discharged or dismissed from the service of your previous employers? If yes, please give details:		
6. Have you been detained, charged or convicted in a court of law in any country? If yes, please give details:		
7. Are you involved in any civil lawsuit or under the subject of an investigation with the police? If yes, please give details:		
8. Have you been declared a bankrupt or undergone a bankruptcy proceeding? If yes, please give details:		
9. Have you ever taken or used any drugs in an illegal way or suffered from alcoholism or drug addiction in the past year? If yes, please give details:		
10. Are you currently engaged in any personal business or part-time employment? If yes, please give details:		
11. Are you holding directorship or any other appointment in another company? If yes, please give details:		

## XII. REFEREES (preferably your ex-superior who have knowledge of your work performance)

Name	Contact No.	Company	Designation/Profession	Years Known

## XIII. OTHER DETAILS

Do you have any friends or relatives who are currently employed by Geno Hotel or LYL Group of Companies or any of its affiliated companies, If yes, please indicate:			Yes	No
Name:	Company:	Division/ Dept.:		
Availability:				
Notice period required:			Earliest commencement date:	

## XIV. SOURCE OF APPLICATION

Where did you first hear about this job vacancy? (Please tick)		
Newspaper Advertisement	<input type="checkbox"/>	Please specify:
Recruitment Agency	<input type="checkbox"/>	Please specify:
Online Job Portal	<input type="checkbox"/>	Please specify:
Others	<input type="checkbox"/>	Please specify:

## XV. PERSONAL DATA PROTECTION STATEMENT

The personal data collected in the application form for employment will be used by Geno Hotel and its affiliated and joint venture companies and subsidiaries (hereinafter referred to as "Company") for the following purposes:

- to assess and administer your application for employment;
- to communicate with you in relation to your job application;
- to determine preliminary compensation and benefits package upon successful hiring;
- to share potential employment opportunities which may interest you; and
- to comply with any legal requirements or regulatory obligations.

Failure to complete the mandatory fields on the application form may influence the processing and outcome of your application.

### Transfer and Disclosure of Personal Data

Personal data may be transferred and shared among the Company. It is our policy to retain the personal data of unsuccessful applicants for future recruitment purposes. When there are vacancies in the Company during that period, your application may be referred to them. The data will not be disclosed to third parties except when required by law or when we have your explicit consent. If an employment contract is established between you and the Company, the data may be disclosed to service providers whom the Company has engaged specifically to assist us on business activities. Service providers include but not limited to external auditors, bankers, medical practitioners, insurance companies and any consultants and agents appointed by the company to provide and administer employee benefits. All such service providers will be bound contractually to keep all information confidential.

### Access to and Correction of Personal Data

You have a right to request access to and/or correction of your personal data. Any request shall be made in writing and addressed to the Human Resource Manager. You are obliged to read through the statement above and thereafter give your consent to the processing of such personal data.

## XVI. DECLARATION

I declare that all information given herein is true and correct. I understand that if I knowingly provide false information, misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for employment or dismissal from Geno Hotel if I have been employed. I also give consent to Geno Hotel to conduct any background investigation or reference check with my employers for purpose of processing this job application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**FOR OFFICE USE ONLY**

We / I find this application is **SELECTED / NOT SELECTED** for the post.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

His / Her rating is about : \_\_\_\_\_%

Basic Salary offered : RM \_\_\_\_\_

Allowance : RM \_\_\_\_\_

Date Join : \_\_\_\_\_

**Requested By :**  
DEPARTMENT HEAD

**Verified & Agreed By:**  
HR MANAGER

**Approved By:**  
CEO / GENERAL MANAGER

\_\_\_\_\_  
Name :  
Date :

\_\_\_\_\_  
Name :  
Date :

\_\_\_\_\_  
Name :  
Date :