

MALAYSIAN ASSOCIATION FOR THE BLIND

P.O. Box 10687
50722 Kuala Lumpur.
Tel : 22722677 / 22722679

Location : Kompleks MAB
off Jalan Tun Sambanthan 4
(Brickfields)
50470 Kuala Lumpur.

APPLICATION FORM

POSITION APPLIED FOR

PERSONAL PARTICULARS	
Name :	Date of Birth : Place of Birth : Age : Sex :
Present Address :	I/C Number :
	Old : New :
Tel. No.:	Marital Status :
Father's Name : Address : Tel. No.:	Malaysian Citizenship No. :
Profession / Employment :	Race : Religion :
Husband / Wife Name :	EPF No.:
Profession/Employment :	SOCSO No.:
No. of Children :	Income Tax No.:
THIS SECTION IS RESERVED FOR OFFICIAL USE ONLY	

EDUCATION BACKGROUND / QUALIFICATIONS				
Period		Name of school / college / university	Place	Grade Passed
From	To			
Extra-mural activities in school / college / university :				
Member of Clubs / Societies, etc :				
Languages / Dialects : Written.....Spoken.....				

EMPLOYMENT HISTORY					
Period		Name / Address Of Employer	Position	Last drawn salary	Reasons for leaving
From	To				

PRESENT EMPLOYMENT			
Since	Name / Address of Employer	Position	Present salary

How soon could you take up the appointment, if offered ?

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Expected salary : RM _____

Any other information (Particularly on your experience) :

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REFEREES

GIVE NAMES, ADDRESSES AND OCCUPATIONS OF TWO PERSONS PERSONALLY ACQUAINTED WITH, BUT NOT RELATED TO YOU TO WHOM REFERENCE MAY BE MADE :

1. Name :..... 2. Name :.....

Address :..... Address :.....

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Occupation :..... Occupation:.....

DECLARATION

I,.....do hereby declare that I am free from pecuniary embarrassment and that all the particulars entered by me on this application form are true.

(Signature)

Date