

# EMPLOYMENT APPLICATION

**General Instructions:**

1. All sections should be completed. For items that are not applicable, please state "NA"
2. This form should be complete in BLOCK LETTERS

<b>COMPANY :</b>								
<input type="checkbox"/> APXARA TRAVEL & EVENTS SDN BHD (626137-K)								
<input type="checkbox"/> ACCUCAP MSC SDN BHD (642655-H)								
<b>1. POSITION APPLIED</b>	<b>POSITION :</b>							
	<b>EXPECTED SALARY :</b>				<b>DATE AVAILABLE :</b>			
<b>2. PERSONNEL PARTICULARS</b>	<b>NAME :</b>			<b>CHINESE CHARACTERS :</b>				
	<b>ADDRESS :</b>			<b>HOME TEL NO. :</b>				
				<b>OFFICE TEL NO. :</b>				
				<b>HANDPHONE NO. :</b>				
	<b>IC NO. :</b>		<b>DATE OF BIRTH :</b>		<b>RACE / DIALECT :</b>			
	<b>MARITAL STATUS :</b>		<b>AGE :</b>	<b>SEX :</b>	<b>CITIZENSHIP :</b>			
	<b>EMAIL ADDRESS :</b>							
<b>3. PARTICULARS OF SPOUSE / PARENTS / BROTHERS / SISTERS</b>	<b>NAME</b>		<b>RELATIONSHIP</b>		<b>AGE</b>	<b>OCCUPATION</b>		
<b>4. EDUCATION</b>	<b>NAME OF SCHOOL / COLLEGE / UNIVERSITY</b>		<b>COURSE</b>		<b>QUALIFICATION</b> <small>(e.g.: Certificate / Diploma / Degree, etc)</small>		<b>FROM</b>	<b>TO</b>
<b>5. LANGUAGE</b>	<b>LANGUAGE / DIALECT</b>	<b>SPOKEN</b>			<b>WRITTEN</b>			
		<b>FLUENT</b>	<b>FAIR</b>	<b>SLIGHT</b>	<b>FLUENT</b>	<b>FAIR</b>	<b>SLIGHT</b>	

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	FROM	TO	EMPLOYER	JOB TITLE / DEPARTMENT	LAST DRAWN PAY	REASONS FOR LEAVING
<b>6. EMPLOYMENT HISTORY</b>						
<i>*Kindly be guided that you are required to show 3 months salary slip from your last employer during interview or post interview upon our acceptance</i>						
<b>7. MEDICAL &amp; OTHER INFO</b>	a. Are you suffering from any physical disability/illness that requires you to be on medication for prolong period?					YES / NO
	If yes, please specify:					
	b. Have you ever been detained, charged, or convicted by a court of law in any country?					YES / NO
	If yes, please specify:					
	c. Have you ever been served with a notice of bankruptcy, made or discharged as a bankrupt?					YES / NO
	If yes, please specify:					
<b>8. NEXT OF KIN (For emergency contact purposes)</b>	<b>NAME</b>		<b>RELATIONSHIP</b>		<b>CONTACT NUMBER</b>	
<b>DECLARATION</b>	I hereby declare that the particulars provided are true to my knowledge and that I have not wilfully suppressed any material fact.					
	I understand that misrepresentation or omission of any material fact required in this form will be sufficient cause to terminate my services of I have been employed.					
	Signature _____			Date:		
	Name:					

## Aavii Purpose

To build relationships everyday through trust so that our employees, clients, vendors & investors will recommend us to their friends, prospects & associates.

## Aavii Core Values

1. BUILD RELATIONSHIP THROUGH TRUST – Build a positive environment to achieve great things together as a team.
2. 100% - Always give our best possible shot. It's not just what you do in front of people. It's what you do when no one is watching!
3. FOCUS ON OUR CUSTOMERS – Nothing is personal. Focus on the customer and all else will follow.
4. EMBRACE CREATIVITY TO CREATE CHANGE – Always do things better than the first time to create your desired result.