

<p>APPLICATION FORM</p>  <p>Family, Implant & Esthetic Dentistry™ Comfort and value™</p>	<p>Please choose one or more locations:</p> <p><u>PUSAT PERGIAN U 优牙科中心 U DENTAL CENTER</u></p> <p><input type="checkbox"/> Taman U 大学城: 26, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI. Tel:607-521 1111, SMS: 6012-8800100 HP:6 014-888 9000 <u>U Dental Specialist Clinic 优牙科专科诊所 Klinik Pakar Pergigian U</u></p> <p><input type="checkbox"/> Bukit Indah 武吉英达: 65, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru, Johor. Tel: 607-234 2000, SMS: 6014-508 0000 HP: 6019-500 6 900 Tel: 07-232 4444, SMS: 6014-9 900 900 HP: 6014-888 2000 www.gigi.my info@gigi.my</p>	<p>PLEASE ATTACH TWO (2) PASSPORT SIZE RECENT PHOTO</p>
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Type Position apply for: Please tick where applicable. * are mandatory fields

<input type="checkbox"/> Freelance/Temporary/Casual General Worker/ Customer Service <input type="checkbox"/> Customer Service Executive <input type="checkbox"/> Dental Assistant cum Receptionist <input type="checkbox"/> Assistant Clinic Manager <input type="checkbox"/> Admin Assistant <input type="checkbox"/> Front Desk cum Admin Executive <input type="checkbox"/> Personal Assistant to CEO/Directors <input type="checkbox"/> IT /Programmer/System Administrator <input type="checkbox"/> Research Associate cum Admin <input type="checkbox"/> Admin/Industrial Temporary Posting	<input type="checkbox"/> Dental Surgeon or Dental Specialist <input type="checkbox"/> Dental Technician (Diploma in Dental Technology) <input type="checkbox"/> Mechanical/Electrical Technician <input type="checkbox"/> Infection Control/Quality Control Supervisor <input type="checkbox"/> Cleaner <input type="checkbox"/> Store keeper/Driver/Dispatch <input type="checkbox"/> Dental Surgeon/Oral Surgeon/Orthodontist/Endodontist/Prosthodontist <input type="checkbox"/> Human Resource Executive <input type="checkbox"/> Assistant Group Operation Manager Other:Please specify:-.....
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Personal Details:

*FULL NAME as in NRIC/Passport:	Chinese/Christian Name, if any:
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Address:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Please Introduce you spouse(husband/wife) if you are married: Name: _____ Occupation: _____ Number of Children, if any: _____
POSTCODE:	

*NRIC: *Hand phone Number: *EPF/KWSP Number:..... <input type="checkbox"/> NO, I do not have an EPF/KWSP Number <input type="checkbox"/> YES BUT I FORGOT: Please submit it if you are called to sign the Contract For Service.	What do you want to achieve in the position you apply?
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*Nationality: <input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian	*Emergency Contact Telephone Number:
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*Date of Birth: DD/MM/YYYY Age:	Place of Birth:
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Highest Qualifications	Institution/Scholl/College/University	Year Awarded
<input type="checkbox"/> SRP/PMR or lower		
<input type="checkbox"/> SPM		
<input type="checkbox"/> STPM		
<input type="checkbox"/> Certificate:.....		
<input type="checkbox"/> Diploma:-.....		
<input type="checkbox"/> Degree or higher:-.....		

If You Are A Student : Name Of School/College : Class/Grade/Form/Year :	
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Latest Salary Voucher:(Prove needed: please submit the Latest Salary Voucher if you are employed)	Basic: RM..... + OT : RM..... + Allowances/Other incentive: RM..... GRAND TOTAL: RM.....
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Salary expected for this application: RMper Month (Full Time) RMper Hour (Part Time)	Special request/demand for this application:
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Languages and Dialects: Spoken only : Written and Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Tamil <input type="checkbox"/> Other:-..... <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Tamil <input type="checkbox"/> Other:-.....
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Previous and Present Employment (Please write the latest 3, if any):

Company Name	Address/Telephone	Position Held	From Month/Year to Month/Year
1)			
2)			
3)			

APPLICANT/EMPLOYEE RELEASE AND PRIVACY STATEMENT

I understand that potential employer (hereinafter called "the company") required certain information about me to evaluate my qualification for employment and to conduct it practice if I become an employee.
 I authorize the clinic to investigate my past employment, educational credentials and other employment related activities.
 I agree to cooperate in such investigation and release those parties supplying such information to the clinic for all liability or responsibility with respect to information supplied.
 I declare that I filled up all I ought to know. I understand that any false statement made by me on this application or any supplement thereto or in connection with the above mentioned investigations will be sufficient grounds for IMMEDIATE discharge if I am employed.

Date:	Applicant's Signature:
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Please answer truly:																															
1. Can you work OT or at night if required?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
2. Can you work at weekends or public holidays if required?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
3a. Can you use computer (keyboard, mouse) efficiently? 3b. Do you have a computer at home? 3c. Software skill-Are you able to use the following software?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Microsoft Windows 7/8 <input type="checkbox"/> MS Excel <input type="checkbox"/> Skype <input type="checkbox"/> Internet/Google <input type="checkbox"/> MS Access <input type="checkbox"/> Whatapps <input type="checkbox"/> MS Power Point <input type="checkbox"/> MS Outlook/Email <input type="checkbox"/> Team Viewer <input type="checkbox"/> <input type="checkbox"/> Team Viewer <input type="checkbox"/> Your Email Address:-.....																														
4. Are you willing to learn computer and management skills?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
5. Have you ever apply for any position in this company or sister companies as in the letterhead at this form.	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
6. a1)Have you suffered from any illness (including mental illness) for more than 14 days? a2)Any history of drug addiction? b)Are your physically handicapped or inconvenient that may affect your work? c) Are you a hepatitis B carrier? d) Are you taking medication for more than 2 week? e)Do you have effective Hepatitis B vaccination? e) For Female Only:Are you pregnant? If you are pregnant are you willing to do clinical work?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-when was the last injection/booster: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give Due Date: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details:																														
7. Have you ever been convicted of a criminal offence in the court of law?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details:																														
8. Do you know or related to or interested by any current or previous staff of the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give name of the staff:																														
9a.How do you intend to come to work: 9b. Do you own any vehicle 9c. Do you poses any VALID driving license(s)?	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Walking <input type="checkbox"/> Required a hostel <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> Motorbike <input type="checkbox"/> Car <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> B2 <input type="checkbox"/> D <input type="checkbox"/> Other																														
10. Travel time from your resident to work:Minutes																														
11. Are you willing to relocate or work in other branches/location or sister companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
12. Any knowledge of position applied?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
13. Are you working now, part time or full time?	<input type="checkbox"/> No <input type="checkbox"/> Yes																														
14. Have you apply for other job/course or waiting result from other job/interview/course?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please give details:																														
15. Any plan for the next 6 - 12 months?(e.g. shifting, applying courses/job etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes: Please give details:																														
16. If you applied for part time, please tick/choose/circle the day and shift(s) that you can work: (M=Morning, A=Afternoon, N=Night)	<table border="1"> <tr> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <tr> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N																
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M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N																									
17. If you are employed what date and time can you START working?																															
18. How do you get to know the vacancies in our company?	<input type="checkbox"/> Internet <input type="checkbox"/> Just walked by <input type="checkbox"/> Introduced by friend <input type="checkbox"/> Other:.....																														
19. Do you want to be in the waiting list if this application not successful?	<input type="checkbox"/> Yes, call me for future vacancies. <input type="checkbox"/> No, don't disturb me again.																														
NOTE TO APPLICANTS: Thank you for your interest in the above vacancy. Please check have you submitted (If not please get ready during the next interview) <input type="checkbox"/> 2 (TWO) copies of your photocopy IC <input type="checkbox"/> 2 (TWO) Passport Size Recent Photo <input type="checkbox"/> Latest Salary Voucher if you have worked before <input type="checkbox"/> EPF/KWSP number (if any) <input type="checkbox"/> Income Tax Number (if any) Dependant on the vacancy available, we will notify only the short listed candidates within 14 days. Should you not hear from us, we will put your name into the waiting list, depends on the option you chose when you filled up your application form. Thank you.																															
FOR OFFICE USE ONLY Instruction to staff: Please complete the interview AS SOON AS POSSIBLE when receiving the application																															
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STATUS: <input type="checkbox"/> DIRECT INTAKE <input type="checkbox"/> APPLICANT TO REPLY BEFORE..... <input type="checkbox"/> COMPANY TO CONFIRM BEFORE....., <input type="checkbox"/> WAITING LIST OR OTHERWISE APPLICATION UNSUCCESSFUL.																															