



Application For Employment

For HR use

Employee No: _____

Start Date: _____

CONFIDENTIAL

1. Please complete this form **clearly** and **neatly**.
2. Copies of supplementary documents required :
 - Copy of National Registration Card (NRC)
 - Copy of Educational Certificates
 - Copy Of Passport
 - Testimonial from Police Department
 - Testimonial from Ward Administration Office
 - Copy of Family Registered
 - Copy of Marriage Certificate (if applicable)
 - Copy of Child birth certificate (if applicable)

Affix a recent
Passport Sized
Photograph

Position Applied for _____

1. PARTICULARS OF APPLICANT	
Full Name (per NRC) : Mr./Mrs./Miss/Mdm	
Alias	
Name in Chinese Characters (if applicable)	
Address (In Myanmar)	
Email Address	
Class of Driving License	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2B <input type="checkbox"/> 2A <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4A <input type="checkbox"/> 5

Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Date of Birth (DD/MM/YYYY)		Age	
Place of Birth		Nationality	

NRC No.		Passport No.	
Blood Group		No. of Children (if applicable)	
Contact No. (Home)		Contact No. (Mobile)	
Religion			

PHYSICAL APPEARANCE

Height		Color of Hair	
Color of Eyes		Identification Mark	
Color of Skin		Weight	

NATIONAL SERVICE STATUS

Not Applicable
 Not Registered
 Serving
 Completed
 Exempted

From _____ To _____	Company/Unit	
Rank	Last Pay	

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name		Contact No. (Home)	
Relationship		Contact No. (Mobile)	
Address			

PARTICULARS OF APPLICANT'S SPOUSE

Name			
Contact No. (Mobile)		Contact No. (Office)	
NRC No.		Occupation	

2. PARTICULARS OF FAMILY MEMBERS

Name	Relationship	Age	Employer/Occupation

3. LANGUAGES & DIALECTS

SPOKEN LANGUAGES		WRITTEN LANGUAGES	
<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Myanmar	<input type="checkbox"/> English
<input type="checkbox"/> Others, please specify			<input type="checkbox"/> Chinese
			<input type="checkbox"/> Myanmar
			<input type="checkbox"/> Others , please specify

4. EDUCATIONAL DETAILS

TRAINING RECORD (EG. VITB/Commercial/Professional Course/Food Hygiene Course, etc)

Name of Course	Period of Study		Organizer
	From	To	

TERTIARY AND PROFESSIONAL QUALIFICATIONS

Qualification Obtained	Period of Study		Name of University/Institute
	From	To	

PRIMARY & SECONDARY EDUCATION

Qualification Obtained	Period of Study		Name of Schools/Colleges Attended
	Start Date	End Date	

5. CURRENT & PREVIOUS EMPLOYMENT (most recent first)

Period		Name of Company	Position Held	Last Drawn Salary	Reasons for Leaving
From	To				

6. REFERENCES (person of good standing, except relatives)

Name	Relationship	Yrs known	Occupation/Employer	Contact

7. OTHER INFORMATION

1. Do you have any relatives/friends working in Asia World Company Ltd? If yes, please state:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	Position	Department	
2. Are you member of any Club, Society and A Association? If yes , please state :				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Club, Society and/or Association		Position Held	Year	
3. Have you ever been dismissed or terminated from service/ company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a bankrupt or discharged bankrupt?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted or detained under court of law?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have other sources of income? If yes, please state:				<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Have you had any serious/long term/contagious illness and/or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are not selected for the job you are applying, would you like to be considered for any other positions? If so, what are they?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you able and willing to work shifts if the nature of your job requires you to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If selected, when can you start work?	
11. Expected starting salary	

8. APPLICANT'S DECLARATION

I hereby declare that all the particulars given by me in this application form are true and correct. I authorize investigation on all statements contained in this record of my qualifications and background if I am offered employment. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of The Hledan Centre Management offer of employment or dismissal from the service if I have been employed. I understand that confirmation of employment is subject to a physical examination by The Hledan Centre Management's appointed doctor to determine my fitness for employment with this organization.

_____ (Signature)

_____ (Date)