

**MALAYSIA AVIATION GROUP
HUMAN CAPITAL**

JOB APPLICATION FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

1. This form is to be completed before the interview session
2. Write in capital letters and do not leave any item blank. If it is not applicable to you, please indicate "N.A."
3. Attach a copy of your IC or passport showing all relevant details.
4. Please attach photocopies of all your educational certificates & present the original certificates during interview.

(PLEASE
ATTACH A
RECENT
PASSPORT
SIZED
PHOTOGRAPH)

Position Applied For:

HOW DID YOU HEAR ABOUT THIS POSITION?

<input type="checkbox"/> Malaysia Airlines Corporate Website	<input type="checkbox"/> Online recruitment portal (LinkedIn / Jobstreet etc) (Please specify _____)
<input type="checkbox"/> Printed Advertisement (Newspaper, Magazine etc)	<input type="checkbox"/> Malaysia Airlines' Internal Staff referral
<input type="checkbox"/> Social Media / Messenger App (WhatsApp, FB, Instagram, Twitter) (Please specify _____)	<input type="checkbox"/> Career fair / Campus Recruitment
<input type="checkbox"/> Head-Hunter / Recruitment Agency	<input type="checkbox"/> Referral from scholarship body (JPA, MARA, YK, Peneraju etc)
<input type="checkbox"/> Talent Squad (Approached by MAB representative)	<input type="checkbox"/> Others (Please specify _____)

Name : _____
(Please write your name in full as per your IC or passport)

Title : Mr/Encik Mrs/Puan Ms/Cik Others _____

Address : _____

Postcode: _____ State : _____

House tel. : _____ Office tel.: _____

Mobile number : _____ E-mail : _____

Personal details

New NRIC : _____	Race : _____
Religion : _____	Age : _____
Passport no : _____	Gender : _____
Nationality : _____	Place of Birth : _____
Date of Birth : _____	Marital Status : _____
Height (In Cm) : _____	Weight (In Kg) : _____

Education details

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEAR ATTENDED TO		QUALIFICATION OBTAINED
			FROM	TO	
SECONDARY					
UNIVERSITY / COLLEGE					
OTHERS					

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Please indicate competency in languages [B = basic I = intermediate F = fluent]

LANGUAGE / DIALECTS	SPOKEN	WRITTEN

Specify training courses (with dates)

TRAINING ATTENDED	PROVIDER	YEAR

Membership of organizations (Professional, social, sporting etc.)

ORGANIZATION	YEAR

Employment History

Please indicate your employment history beginning with your current / most recent employer

Name of Company : _____

Type of Business/Industry : _____

Position Held : _____ From : _____ To : _____

Current/Last Basic Salary : _____ Fixed Allowances : 1. _____

Bonus: Contractual _____ 2. _____

Performance _____ 3. _____

Reason for leaving : _____

Name of Company : _____

Type of Business/Industry : _____

Position Held : _____ From : _____ To : _____

Reason for leaving : _____

Name of Company : _____

Type of Business/Industry : _____

Position Held : _____ From : _____ To : _____

Reason for leaving : _____

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Statutory Information

INCOME TAX: _____ EPF: _____ SOCSO: _____

Other Information

1. Do you have any past CRIMINAL RECORDS?
 NO YES (If Yes, please give details) _____

2. Have you been charged with any criminal acts or have been subjected to any civil or criminal investigation in any COURT OF LAW?
 NO YES (If Yes, please give details) _____

3. If your answer to Question 2 is affirmative, have you been found guilty of any criminal or civil acts in any COURT OF LAW?
 NO YES (If Yes, please give details) _____

4. If your answer to Question 3 above is affirmative, what is the PUNISHMENT/ORDER given by Court of any local authority?

5. Have you been detained under any written laws?
 NO YES (If Yes, please give details) _____

6. Have you ever been declared BANKRUPT or charged under BANKRUPTCY ACT?
 NO YES (If Yes, please give details) _____

7. Do you have any known illnesses?
 NO YES (If Yes, please give details) _____

8. Apart from your current employment, do you have any other occupation? (Eg. PART TIME JOB/ ONLINE BUSINESS / VOLUNTEERISM)
 NO YES (If Yes, please give the following details)

ORGANIZATION	INVOLVEMENT

9. Do you have SHARES / INTEREST / DIRECTORSHIP in any company?
 NO YES (If Yes, please give the following details)
- COMPANY : _____ INVOLVEMENT : _____
- COMPANY : _____ INVOLVEMENT : _____
- COMPANY : _____ INVOLVEMENT : _____

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10. Have you ever been employed by Malaysia Aviation Group or any of its subsidiaries?

NO YES (If Yes, please declare the following details)

STAFF NO : _____ DESIGNATION : _____

GRADE : _____ LAST YEAR OF SERVICE : _____

References

List two references below (Direct Supervisor/Tutors for Fresh Graduates). Relatives/Friends should not be included.

NAME	EMAIL ADD AND TELEPHONE	RELATIONSHIP

Declaration

DETAILS OF RELATIVES / FRIENDS IN MALAYSIA AVIATION GROUP, ITS SUBSIDIARIES OR COMPETITORS		
NAME	DESIGNATION	RELATIONSHIP

I declare that above information is true and complete and I am liable to disciplinary action for falsifying or not declaring any of the above information required. I understand that my employment is subject to my passing the medical examination conducted by Malaysia Aviation Group (MAG). False or inaccurate information given will render any subsequent employment null and void.

I also hereby declare that I agree to the company in using my personal data which may include but not limited to my CV, NRIC number, passport, age, gender for the purpose of this application and anything related thereof.

Signature of Applicant

Date

Disclaimer: Malaysia Aviation Group does not enter into correspondence with regard to the reasons for non – selection of candidate