



SARAWAK OIL PALMS BERHAD GROUP
APPLICATION OF EMPLOYMENT [HRF01/REV(2023)]

Company Information

No 124-126, Jalan Bendahara.
P.O Box 547, 98007 Miri, Sarawak.

Tel : 085-436969
Fax : 085-432929

Email :

sop.hr-recruitment@sopb.com.my

Position Applied:

1) _____ Expected Salary : RM _____

2) _____ Availability Date : _____

GENERAL INFORMATION

1. This application form must be completed in Applicant's own hand-writing.
2. Your personal data collected herein will be processed, retained and used by us in accordance with the Personal Data Protection Act 2010. Your personal data will be kept confidential and will not be disclosed to any third parties without your prior consent.
3. You must ensure that your personal data is accurate, complete, not misleading and up-to-date.
4. In the event that an employment is offered to you, information contained herein, will form part of your representation and records to us, failing which, we reserve the right to dismiss you summarily.
5. Please enter all information neatly, accurately and make the appropriate selections (**CIRCLE** whichever is applicable).

Please affix a recent
passport size photo

PART A : APPLICANT'S PERSONAL INFORMATION

Full Name : _____
NRIC No. : _____ Nationality : _____
Date of Birth : _____ Age : _____ Place of Birth : _____
Permanent Address : _____
Current Address : _____
Email Address : _____ Marital Status: Single / Married / Divorced
Gender : Male / Female Race : _____ Religion : _____
Telephone (Home) : _____ (Mobile) : _____ (Office) : _____
Own a vehicle : Yes / No Driving License Type : _____ Height & Weight: ____ cm ____ kg

PART B : EDUCATIONAL BACKGROUND

No.	School/Institution/University	Course	Year Attended	Grade
			to	
			to	
			to	
			to	

Additional Qualification: _____
(eg: MIA/ACCA/CPA/LCCI/UBS/SHORTHAND/TYPING/Any Professional Body)

Level: _____

PART C : EMPLOYMENT HISTORY

Begin with your **PRESENT** or the **MOST RECENT EMPLOYER** with at least **TWO (2) past** employment records in consecutive order.

If currently employed, may we contact your present employer? (Yes / No)

Company : _____ Last Drawn Salary : _____
Position held : _____ Date Joined : _____
Reason for Leaving : _____ Date Resigned : _____
Name of Supervisor : _____ Contact Number : _____

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Position held : _____ Date Joined : _____
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Position held : _____ Date Joined : _____
Reason for Leaving : _____ Date Resigned : _____
Name of Supervisor : _____ Contact Number : _____

PART D : FAMILY DETAILS

Particulars of Applicant's Spouse and Children.

Name of Spouse : _____ Occupation : _____
Company Name : _____ No. of Children(s) : _____

No.	Full Name	Gender	Date of Birth	School/Institution/University

Particulars of Applicant's Parents and Sibling.

Name of Father : _____ Occupation : _____
Company Name : _____
Name of Mother : _____ Occupation : _____
Company Name : _____

No. of Sibling(s) [Brother & Sister]: _____

No.	Full Name	Gender	Age	Occupation	Employer/School

Relatives employed by any of the SOPB Group of Companies? (**Yes / No**) If yes, please specify:

No.	Full Name	Department/Location (Estate/Mill)	Relationship

PART E : STRENGTH AND SKILL OF APPLICANT

Please indicate by using the following indicator number. : [1. **Excellent** 2. **Good** 3. **Average** 4. **Poor**]

Language:

Languages	Spoken	Written	Understanding
Bahasa Malaysia			
English			
Mandarin			
Other : _____			

Computer:

Computer Software	Indicator
Microsoft Office Word	
Microsoft Office Excel	
Microsoft Office Power Point	
*Other Computer Software, please specify :	

PART F : GENERAL DISCLOSURE

- (a) Any on-going, or have you ever been incriminated or convicted (including aiding and abetting) by any court of law for civil/criminal proceedings? (**Yes / No**) (e.g. theft/bankruptcy/breach of trust and et cetera)
If yes, please specify : _____
- (b) (i) Have you ever suffered / recovered from / are you suffering from any pro-longed illnesses? (**Yes / No**) If yes, please specify: _____
(ii) Are you under any form of prescribed medications/continuous medical treatment? (**Yes / No**) If yes, please specify: _____
(iii) Do you have any mental/physical disabilities? (**Yes / No**) If yes, please specify: _____
(iv) Are you a registered Person with Disabilities ("Orang Kurang Upaya (OKU)") under the Department of Social Welfare ("Jabatan Kebajikan Masyarakat")? (**Yes / No**) If yes, please specify: _____
(v) Are you pregnant? (**Yes / No**) If yes, how many months of pregnancy, please specify: _____ months. (for **FEMALE** applicant only)
- (c) Are you a member of any professional body or association? (**Yes / No**)
If yes, please specify : _____
- (d) Hobbies or interest : _____
- (e) How do you come across about the position? (Please tick the appropriate box)
Newspaper Website Family & Friends Others (Please Specify) _____

I, _____, (Name as per NRIC),

On my own volition, applied to Sarawak Oil Palms Berhad Group (the "Company") with the intention of offering myself as a candidate for any role that the Company are seeking to fill or for which may be suitable to me. I hereby agree and consent to provide my personal information as follows:-

COLLECTION, USE AND/OR DISCLOSURE OF PERSONAL DATA

1. Sarawak Oil Palms Berhad Group (the "Company") may collect, use and process my personal information as defined in Personal Data Protection Act 2010, as arises and incidental for the purpose as set out herein.
2. The Company may collect, use process, retain, store various types of person information about myself (including information as disclosed in this Application, other identifiable information or information already in the public domain) to achieve the abovementioned purpose.
3. The Company may use, retain or store my personal information for such period of time shall it is deemed fit and proper. My personal information may be used by Sarawak Oil Palms Berhad Group and/or transmitted to its affiliates, advisors, suppliers, service providers, local authorities or such persons as may be required by the Company.
4. I hereby acknowledged that I may exercise my rights by giving notice to you to revoke my consent, remove and/or amend my personal information kept by you by giving you written notice to Group Human Resources of Sarawak Oil Palms Berhad or via email at sop.hr-payroll@sopb.com.my.

DECLARATION

1. I hereby further declare that -
 - (a) the Company may contact my previous employer(s) to verify and confirm any information as disclosed by me in this Application;
 - (b) I have obtained consent from the referee(s) to provide referee(s) personal information for this Application, the Company may contact my referee(s) for any other additional information.
2. I acknowledged that I am solely responsible and liable for any other person's personal information as disclosed in this Application.
3. I fully understand that if any of the above information is found to be inaccurate, false or withhold by me, the Company may at any time summarily terminate my employment (irrespective of whether I have commenced work or not), without any liability whatsoever.

Signature : _____

Name : _____

Date : _____