

APPLICATION OF EMPLOYMENT

GENERAL INFORMATION

- This application form must be completed in Applicant's own hand-writing.
- 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.
- 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.

 Please enter all information neatly, accurately and make the appropriate selections (<u>CIRCLE</u> whichever is applicable).

Position Applied		Evanstad Co	long DM				
1) Expected Salary : RM 2) Availability Date :				riease allix a			
				recent passport size photo			
PARTA : APPL	ICANT'S PERSONAL INFO	<u>ORMATION</u>					
Full Name	:						
NRIC No.	:	Natior	nality :		_		
Date of Birth	: A	ge Place	of Birth :				
Permanent Address	:						
Current Address	:						
Email Address	:			Marital Sta	atus: Single / Married / Divorced		
Gender	: Male / Female	Race :			Religion :		
Telephone (Home)	:	(Mobile) :			(Office) :		
Own a vehicle	: Yes / No	Driving Lice	nse Type :		Height & Weight:	_ cm kg	
PART B : EDUC	ATIONAL BACKGROUND						
No.	School/Institution/Univ	ersity	Course		Year Attended	Grade	
					to		
					to		
					to		
					to		
Additional Qualifica	tion:				Level:		
(eg: MIA/ACCA/CP/	A/LCCI/UBS/SHORTHAND/TY	PING/Any Professional	Body)		EGVCI.		
PART C : EMPL	OYMENT HISTORY						
Begin with your PRE	SENT or the MOST RECENT	EMPLOYER with at leas	st TWO (2) past employr	ment 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	:			
Compony			Last Drown Colony				
Company	·		Last Drawn Salary	:			
Position held	·		Date Joined	:			
Reason for Leaving Name of Supervisor	:		Date Resigned Contact Number	:			
Company	÷		Last Drawn Salary	:			
Position held	÷		Date Joined	:			
Reason for Leaving	÷		Date Resigned	:			
Name of Supervisor	÷		Contact Number	:			

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PART D: FAMILY DETAILS Particulars of Applicant's Spouse and Children. Name of Spouse Occupation Company Name No. of Children(s) Date of Birth No. **Full Name** Gender 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

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 s	pecify:	

3. Average

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 <u>FEMALE</u> 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)				

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<u>l,</u>	, (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:-				
CO	LLECTION. 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.				

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

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