

EMPLOYMENT APPLICATION FORM- Malaysia

Spotlight offers exciting career opportunities for people with a passion for retail and the ability to provide exceptional customer service.

PLEASE READ THESE	EINSTRUCTION	IS CAREFUL	.LY:							
1. Do not leave any ite	em blank. If it is	not applicable	e for you pleas	se wr	ite "N/A".					
Please attach a cop the application	oy of your IC or p	passport show	ving your deta	ails. F	For online appli	ications	, please use	the up	load function o	on
Please attach your function on the application	r Resume and o	copies of you	ır educational	cert	ificates. For o	nline ap	oplications, p	olease	use the uploa	ad
Please attach one application	current passpo	ort sized pho	tograph. For	onlir	e applications	s, pleas	e use the u	pload	function on th	пе
Preferred Location:					e of availabili . 12- Oct- 201					
Position desired:					Expectation: MYR per montl					
Employment sought: (please tick)	Full time	☐ Part-time	☐ Casual	wee	erage hours pe ek desired for casual role					
Availability (tick days):	Mon Note: Spotlight tr	Tues	☐ Wed week, 12 hours		Thurs	☐ Fri	☐ Sat	:	Sun	
Any times you are not available to be rostered?	If no times and d	ates specified,	it is expected y	ou wo	ould be available	to work				
PERSONAL DETAIL	S – please us	e BLOCK	letters							
NRIC				Pas	sport Numbe	r:				
Full Name as per your IC or passport:				1						
Preferred Name:				Dat	e of Birth:					
Nationality:				Ger	nder:					
Address	Street Address									
							State			
	Country			Pos	t Code					
Contact Details	House Phone:				Hand Phone:					
	Email:			_						_
EPF No:					No:					
Drivers Licence	Do you hold a cu	rrent drivers lice es	ence Class D?	If Ye	es, place of e					



EDUCATION AND LANGU	JAGE:		
Type and Name of School	Location	Years attended	Qualification obtained
Please indicate competency in langu	age (B=Basic =Intermediate F=Fl	uent)	
Language/Dialects	Spoken	Read	Written
EMPLOYMENT HISTORY	: Please list most recent experience	e first. Please attach a blank pa	age if more space is needed.
Name of Company:			
Type of Business/Industry:			
Position held:			o
Current/Last Basic Salary:	Fi	xed Allowances:	
Bonus: Contractual:			
Bonus : Performance:			
Reason for leaving:			
		_From	_То
Reason for leaving:			
Name of Company:			
Type of Business/Industry:			
Position held:		_From	_То
Reason for leaving:			
Name of Company			
		From	То



OTHER INFORMATION

Do you have any physical/psychological condition(s) that would limit your ability to perform the following tasks?										
Lifting/moving/handling produ including boxes of stock, pack rolls of product, office equipm	cets c		☐ Yes	□No	Interacting with customers/	clients or o	other tean	n member	rs?	□No
Standing and walking for period	ods o	of up to six hours	☐ Yes	□No	Using point of sale equipme	ent/compu	ters to en	iter data?	☐ Yes	☐ No
Using hand held equipment in office equipment?	ncludi	ing scanners and	Yes	☐ No	Completing clerical tasks supaperwork?	uch as cor	npleting		Yes	□No
Reaching above shoulder hei	ght?		☐ Yes	□No	Using manual or electric sc	issors to p	repare pr	oduct?	☐ Yes	☐ No
Bending or twisting			☐ Yes	☐ No	Using a ladder to access he	eights?			Yes	□No
Pushing/pulling a trolley with s	stock	/equipment?	☐ Yes	□No	Wrapping and packaging ite	ems/produ	ıct?		Yes	☐ No
Working in an air-conditioned environment?								No		
Do you have any physical or psychological condition that we need to be aware of to ensure we protect you or others safety at work?										
If yes, please specify the cond	dition	and how it may a	ffect your v	work with	us:					
Trustworthiness and good of following questions. Any in consent?	chara form	acter are inheren ation supplied to	t requiren the follow	nents of t wing que	his position. Because of the stions (*) shall not be disci	nese requ losed to a	irements third pa	we need rty withou	to ask to ut your ex	press
* Have you been charged with any criminal offences?										
If yes, please provide details:										
* Do you have any conviction(s) or finding(s) of guilt, as an adult, which are less than 10 years old, or as a child which are less than 5 years old?										
If yes , please provide sufficient details including the nature of the offence(s) and the date that the matter(s) were determined by the court.										
REFERENCES										
I I I I I I I I I I I I I I I I I I I					bers of Spotlight or ass					
		ersonal referen ase provide oth			e details below. If you or references.	lo not kr	ow any	one at S	Spotlight	1
		Referee			Business	Role		Con	Pyes No Pyes N	
	1									
References										
	2									
	3									
								_		



		yed for or been cont			=	-		
Prior Employment	Role	Please advise (include agency placements) Please use blank page at the end if the Role Dates of employment (Pls. enter as "From DD/MM/"						
within Spotlight								
	record any fami	er's authorisation is ly members related nk page at the end if m	to a team member					
Family and Friends	Name	Location		Relationship	p			
CONDITIONS OF E	EMPLOYMENT							
Pre-employment screen	ing							
In consideration of Spotlig credentials as allowed by other individuals that the	law, including and not I	imited to, discussions w	ith: nominated referees	s, managers, co-wor	kers, busine	ss associates, or		
The company is granted p checks as required includ screening including result	permission to check refe ing a criminal history ch	erences, to verify my pre leck. Any offer of emplo	vious employment and	I quality of work, and	to conduct	other employment		
Information supplied I acknowledge and declar company are complete ar			y me in this application	and any other repre	esentations	made by me to the		
I understand that should a my contract of employmen	any information that I ha	ive provided be found to	be false or misleading	, or I have omitted to	o supply rele	evant information,		
Standards of work I agree to support Spotligl	ht's vision and values :	to comply with team me	mber agreement requi	rements, company p	rocedures a	nd guidelines.		
Privacy Statement At Spotlight when you join you specific to that transa used for any other purpos	ction. We assure you t	hat information will be st	tored in our systems w	hilst the communica	tions are cu	rent, will not be		
ACKNOWLEDGEN				. , , .	··			
Signature of applicant			Date					
Thank you for your applica interview will be contacted.								
I give permission for my ap		<u> </u>			☐ Yes			
MANAGER USE O	NLY							
Interviewed by			Date					
Proceed to Employ	☐ Yes ☐	Yes No						
				Basic:				
Position hired			Remuneration	Commission (if a	pplicable)			
	Name:			Name:				
Checked by	Signature:		Authorised by	Signature				

Date

Date