



MOGIC (B) SDN BHD

NAME:

EMPLOYMENT APPLICATION

MOGIC (B) Sdn Bhd (the company) is an equal opportunity /affirmative action employer. All qualified applicants will be considered without regard of age, race, color, gender, religion, nation origin, marital status, ancestry, citizenship or veteran status.

3. EMPLOYMENT HISTORY

List all previous employment including temporary work, starting with most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Job Title	Starting Salary
Employed Until / /	Supervisor Name	Office Telephone # ()	Ending Salary
Employer Address		Reason for Leaving	
Duties & Responsibilities			

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4. GENERAL

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references? |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime? |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work offshore? |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overseas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A "yes" response does not automatically disqualify your application.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any past or current health/medical condition? If yes, please list down.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any previous surgery? If yes, please list down. _____ |

Language Proficiency

Language	Spoken (Well/Fair/Poor)	Written (Well/Fair/Poor)	Understanding (Well/Fair/Poor)

5. CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this positions. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date