



A recent
photograph of
yourself

APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

1. This form is to be completed and e-mailed back to Ixora Hotel Career Centre at career@ixorahotel.com on or before the closing date specified in the advertisement, where applicable.
2. Do not leave any item blank. Do not use "see resume". If it is not applicable to you, indicate 'N.A.'.
3. False particulars or willful suppression of material facts will render you liable to disqualification, or appointed, to dismissal and/or appropriate legal proceedings.
4. Ixora Hotel does not enter into correspondence with regard to the reasons for non-selection of candidates.
5. All photocopies of certificates, testimonials, photograph and other related document are non-returnable.

A POST APPLIED AND AVAILABILITY	Position Apply		Employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual / On-Call
	Are there any hours, shifts or days of the week that you will not be able to work? If yes, please state days and reason		
	I am willing and able to work <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Casual / On-Call <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime		
B FULL NAME as stated in NRIC or Passport	Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Identification Card / Passport No.
	Please indicate if you have worked under a different name		
C ADDRESS AND CONTACT NUMBER	Residential Address		Home Telephone
	Home Address (if different from above)		Mobile No.
	E-mail Address		Office Telephone
	Emergency Contact Person	Relationship with Myself	Emergency Person Contact Information

I TRAINING						
Training Course	From	To	Certificate Obtain		Training Provider	
J CURRENT EMPLOYER						
Name & Address of Company	Current Position	Employment Period		Current Salary		Reason for Leaving
		From	To	Basic	Allowance	
K PREVIOUS EMPLOYERS HISTORY						
Name & Address of Company	Position	Employment Period		Final Salary		Reason for Leaving
		From	To	Basic	Allowance	
L REFERENCE TO PREVIOUS EMPLOYERS AND SALARY DESIRED						
Do you object to reference being made to your present/previous employers? If yes, why?			Notice period required by your employer		Salary Desired	

M CHARACTER REFEREES Please provide particulars of 2 referees (other than relatives) with at least one professional referee.	Name and Address	Occupation and Company Name
	Office Telephone	Period Known
	Name and Address	Occupation and Company Name
	Office Telephone	Period Known

N LANGUAGE PROFICIENCY (Fluent, Good, Satisfactory, Poor)

Language / Dialect	Level	
	Spoken	Written

O TELL US ABOUT YOURSELF

Please give us a candid account of your personal qualities, both strengths and weaknesses.

P WORKING LIFE

What are your career objectives? (You may like to discuss the type of organisation and the sort of work you are looking for and the levels you hope to attain.)

Q ANSWER THE FOLLOWING QUESTIONS BY INDICATING (✓) IN THE APPROPRIATE BOX. IF “YES” GIVE DETAILS IN THE RIGHT HAND COLUMN

	Yes	No	Please state in detail
1 Have you ever been charged with any offence or convicted by any Court or detained by the authorities under the provisions of any law in any country? (Important: Please note you must give full details of any charges made against you even you were eventually acquitted by the Court).			
2 Have you been dismissed from any employment because of misconduct, negligence, theft, assault, damage or injury, habitual absence, breach of confidence, alcohol or drug abuse or similar offences?			
3 Had any bankruptcy action ever been taken against you?			
4 Had any Court judgement or order been made against you ordering you to pay a debt to someone?			
5 Have you signed a promissory note or an acknowledgement of indebtedness for which the amount pledged has not already been fully paid?			
6 Have you ever been employed in any capacity with Ixora Hotel, its predecessors or it’s subsidiaries? Give designation, period of employment and reason for leaving.			
7 Have you applied on any previous occasions for employment in any capacity with Ixora Hotel? Give date and position applied for.			
8 Have you had any relative in Ixora Hotel? If yes, please give designation, name and relationship.			
9 Have you had any involvement in business undertaking? (e.g. Directorship, Partnership, etc.)			
10 Have you suffered from any mental illness or any physical illness or disability or other medical condition which might impair you in properly discharging your duties?			

R DECLARATION

I hereby declare that the information given by me in this application for employment is true to the best of my knowledge and that I have not withheld any relevant particulars. I have disclosed all the information required to be given in this application. This declaration shall, if I am employed by the Company, be part of my contract of service. I accept that if any of the information given by me in this application for employment is in any way false, or incorrect, the Company shall have the right to dismiss me without notice or payment in lieu of notice. I also authorise any investigation of the information provided herein for purpose of verification.

CONFIDENTIAL MATERIAL AND THE PROPERTY OF IXORA HOTEL SDN BHD

Applicant’s Signature: _____

Date: _____