



PROGRAMME APPLICATION FORM
(BORANG PERMOHONAN PROGRAM)
*PENJANA - Enhanced Employability of Unemployed Workers and New Graduates
in the Iron and Steel Industry*

CONFIDENTIAL

MALAYSIA STEEL INSTITUTE

PERSONAL DETAILS/ MAKLUMAT PERIBADI

Applicant Name: <i>Nama Pemohon:</i>		PHOTO GAMBAR
Identification Card: <i>No. Kad Pengenalan:</i>		
Home Address: <i>Alamat Rumah:</i>		
Bank Name: <i>Nama Bank:</i>		
Branch Location: <i>Lokasi Cawangan:</i>		Account Number: <i>Nombor Akaun:</i>
Home Telephone: <i>Telefon Rumah:</i>	Mobile Phone: <i>Telefon Bimbit:</i>	Email: <i>Emel:</i>
Date of Birth: <i>Tarikh Lahir:</i>	Place of Birth: <i>Tempat Lahir:</i>	Age: <i>Umur</i>
Religion: <i>Agama:</i>	Race: <i>Keturunan:</i>	Nationality: <i>Warganegara:</i>
Marital Status: Single ☐ Married ☐ Divorced ☐ Others _____ <i>Taraf Perkahwinan: Bujang ☐ Berkahwin ☐ Bercerai ☐ Lain-Lain _____</i>		Gender: <i>Jantina:</i>
Spouse Name: <i>Nama Pasangan:</i>	Occupation: <i>Pekerjaan:</i>	No. Of Children: <i>Bilangan Anak:</i>

EMERGENCY CONTACT PERSON/ ORANG YANG DIHUBUNGI KETIKA KECEMASAN

Name: <i>Nama:</i>	Relationship: <i>Hubungan:</i>	Telephone No: <i>No. Telefon:</i>
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HEALTH RECORD/ REKOD KESIHATAN

Are you pregnant: <i>Adakah anda hamil:</i>	☐ Yes ☐ No ☐ Ya ☐ Tidak	Ever Hospitalized: <i>Pernah dimasukkan ke Hospital:</i>
Do you have any health problem?: <i>Adakah anda mengalami masalah kesihatan?:</i>	☐ Yes ☐ No ☐ Ya ☐ Tidak	☐ Yes ☐ No ☐ Ya ☐ Tidak
Illness (Operation/Accident): <i>Penyakit (Pembedahan/ Kemalangan):</i>	☐ Yes ☐ No ☐ Ya ☐ Tidak	Duration of Treatment: _____ <i>Tempoh Dirawat: _____</i>

EDUCATION DETAILS/ MAKLUMAT AKADEMIK

Shchool/Institute/University (Sekolah/Institut/Universiti)	Cert/Diploma/Degree (Sijil/Diploma/Ijazah)	Field (Bidang)	Duration (Tempoh)	Result (Keputusan)

Please indicate competency in language [B = basic, I = intermediate, F = fluent]
(Sila nyatakan kecekapan dalam bahasa [A = asas, S = sederhana, F = fasih])

Language/ Dialects (Bahasa/ Dialek)	Spoken (Percakapan)	Read (Pembacaan)	Written (Penulisan)

CURRENT & PREVIOUS EMPLOYMENT/ PEKERJAAN SEKARANG & DAHULU

Company (Syarikat)	Position (Jawatan)	Reason for leaving (Sebab Berhenti)	From (Dari) MM/YY	To (Ke) MM/YY	Basic Salary/ Allowances (Gaji/ Elaun)

REFERENCES/ RUJUKAN

List two references below. Relatives should not be included
Senaraikan dua rujukan di bawah. Saudara-mara tidak boleh dimasukkan

Name/ Nama	Company/ Syarikat	Telephone/ Telefon	Designation/ Jawatan	Relationship/ Hubungan

DECLARATION/ PERAKUAN

- ☐ I declare that all above information is true and complete and I am liable to disciplinary action conducted against me for falsifying or not declaring any of the above information required. I understand that my employment is subjected to my passing the medical examination conducted by **Malaysia Steel Institute (MSI)**. False or inaccurate information given will render any subsequent employment contact null and void.
- ☐ *Saya mengaku bahawa semua maklumat di atas adalah benar dan lengkap dan saya bertanggungjawab terhadap tindakan tatatertib yang dijalankan terhadap saya kerana memalsukan atau tidak mengisytiharkan mana-mana maklumat diatas yang diperlukan. Saya fahan bahawa pekerjaan saya tertakluk kepada lulus ujian perubatan yang dijalankan oleh **Malaysia Steel Institute (MSI)**. Maklumat palsu atau tidak tepat akan menyebabkan sebarang kontrak pekerjaan berikutnya tidak sah.*

 Singnature of Applicant/ Tandatangan Pemohon

 Date/ Tarikh

FOR OFFICE USE/ UNTUK KEGUNAAN PEJABAT

Position/ Jawatan _____
 Date Join/ Tarikh mula program _____
 Allowance/ Elaun _____