

APPLICATION FORM



Please choose one or more locations:

**PUSAT PERGIAN U 优牙科中心 U DENTAL CENTER**

- Taman U 大学城** : 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI.  
Tel/Fax: 607-521 1111, 607-5208508. SMS: 6014-888 9000
- Bukit Indah 武吉英达** :30A, Jln. Indah 16/5, Taman Bukit Indah, 81200 Johor Bahru.  
Tel: 07-232 GIGI, 07-232 4444, SMS:6 014-9 900 900
- Taman Sentosa 新山大丰**: 25A, Jalan Sutera, Taman Sentosa, 80150 Johor Bahru.  
Tel : 07-3333 000 SMS: 6014 800 2000
- UDA/Tampoi新山 乌达/淡杯** : 39-01,Jalan Padi Emas 1/3, Uda Business Center, Bandar Baru UDA, 81200 Johor Bahru Tel:607-2 444 666 HP:016-6 800100
- Taman Molek百合**: 84-01, Jalan Molek 2/2, Taman Molek, 81100, Johor Bahru.  
Tel : 016-6 300 500
- Malaysian Dental Corporation S/B**  
26A&24A, Jln. Kebudayaan 1, Taman University, 81300 Skudai, Johor, Malaysia.  
Tel/Fax:6012-8 800 100

www.gigi.my info@gigi.my

**PLEASE ATTACH  
TWO (2) PASSPORT  
SIZE RECENT PHOTO**

Type Position apply for: Please tick  where applicable. \* are mandatory fields

<input type="checkbox"/> Freelance/Temporary/Casual General Worker	<input type="checkbox"/> Dental Surgeon or Dental Specialist
<input type="checkbox"/> Dental Assistant cum Receptionist	<input type="checkbox"/> Dental Technician (Diploma in Dental Technology)
<input type="checkbox"/> Assistant Clinic Manager	<input type="checkbox"/> Mechanical/Electrical Technician
<input type="checkbox"/> Admin Assistant	<input type="checkbox"/> Cleaner
<input type="checkbox"/> Front Desk cum Admin Executive	<input type="checkbox"/> Driver/Dispatch
<input type="checkbox"/> Personal Assistant to CEO/Directors	<input type="checkbox"/> Human Resource Executive
<input type="checkbox"/> IT /Programmer/System Administrator	<input type="checkbox"/> Assistant Group Operation Manager
<input type="checkbox"/> Research Associate cum Admin	Other: Please specify:-.....
<input type="checkbox"/> Admin/Industrial Temporary Posting	

Personal Details:

*FULL NAME as in NRIC/Passport:	Chinese/Christian Name, if any:
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Address:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
POSTCODE:	Number of Children, if any:

*NRIC: *Hand phone Number: * EPF/KWSP Number: .....	Please check have you submitted: <input type="checkbox"/> 2 (TWO) copies of your photocopy IC, <input type="checkbox"/> 2 (TWO) Passport Size Recent Photo <input type="checkbox"/> Latest Salary Voucher if you have worked before <input type="checkbox"/> EPF/KWSP number (if any) <input type="checkbox"/> Income Tax Number (if any)
<input type="checkbox"/> NO, I do not have an EPF/KWSP Number <input type="checkbox"/> YES BUT I FORGOT: Please submit it if you are called to sign the Contract For Service.	

*Nationality: <input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian	Telephone Number:
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*Date of Birth: DD/MM/YYYY	Age:	Place of Birth:
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Highest Qualifications	Institution/Scholl/College/University	Year Awarded
<input type="checkbox"/> SRP/PMR or lower		
<input type="checkbox"/> SPM		
<input type="checkbox"/> STPM		
<input type="checkbox"/> Certificate:.....		
<input type="checkbox"/> Diploma:-.....		
<input type="checkbox"/> Degree or higher:-.....		

If You Are A Student : Name Of School/College : Class/Grade/Form/Year :	
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Latest Salary Voucher: (Prove needed: please submit the Latest Salary Voucher if you are employed)	Basic: RM..... + OT : RM..... + Allowances/Other incentive: RM..... <b>GRAND TOTAL: RM.....</b>
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Salary expected for this application: RM.....per Month (Full Time) RM.....per Hour (Part Time)	Special request/demand for this application:
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Languages and Dialects: Spoken only : Written and Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Tamil <input type="checkbox"/> Other:-..... <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Tamil <input type="checkbox"/> Other:-.....
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Previous and Present Employment (Please write the latest 3, if any):

Company Name	Address/Telephone	Position Held	From Month/Year to Month/Year
1)			
2)			
3)			

**APPLICANT/EMPLOYEE RELEASE AND PRIVACY STATEMENT**

I understand that potential) employer (hereinafter called "the company") required certain information about me to evaluate my qualification for employment and to conduct it practice if I become an employee.  
I authorize the clinic to investigate my past employment, educational credentials and other employment related activities.  
I agree to cooperate in such investigation and release those parties supplying such information to the clinic for all liability or responsibility with respect to information supplied.  
I declare that I filled up all I ought to know. I understand that any false statement made by me on this application or any supplement thereto or in connection with the above mentioned investigations will be sufficient grounds for IMMEDIATE discharge if I am employed.

Date:	Applicant's Signature:
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Please answer truly:																			
1. Can you work OT or at night if required?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
2. Can you work at weekends or public holidays if required?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
3a. Can you use computer ( keyboard, mouse) efficiently? 3b. Do you have a computer at home? 3c. Software skill-Are you able to use the following software?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Microsoft Windows 7/8 <input type="checkbox"/> MS Excel <input type="checkbox"/> Skype <input type="checkbox"/> Internet/Google <input type="checkbox"/> MS Access <input type="checkbox"/> Whatapps <input type="checkbox"/> MS Power Point <input type="checkbox"/> MS Outlook/Email <input type="checkbox"/> Team Viewer <input type="checkbox"/> Your Email Address:-.....																		
4. Are you willing to learn computer and management skills?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
5. Have you ever apply for any position in this company or sister companies as in the letterhead at this form.	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
6. a1)Have you suffered from any illness (including mental illness) for more than 14 days? / a2)Any history of drug addiction? b)Are your physically handicapped or inconvenient? c) Are you a hepatitis B carrier? d)Are you taking medication for more than 2 week? e) For Female Only: Are you pregnant? If you are pregnant are you willing to do clinical work?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give Due Date: <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details:																		
7. Have you ever been convicted of a criminal offence?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details:																		
8. Do you know or related to or interested by any current or previous staff of the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes-Please give name of the staff:																		
9a.How do you intend to come to work: 9b. Do you own any vehicle 9c. Do you poses any VALID driving license(s)?	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Walking <input type="checkbox"/> Required a hostel <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> Motorbike <input type="checkbox"/> Car <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes-Please give details: <input type="checkbox"/> B2 <input type="checkbox"/> D <input type="checkbox"/> Other																		
10. Travel time from your resident to work:	.....Minutes																		
11. Are you willing to relocate or work in other branches/location or sister companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
12. Any knowledge of position applied?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
13. Are you working now, part time or full time?	<input type="checkbox"/> No <input type="checkbox"/> Yes																		
14. Have you apply for other job/course or waiting result from other job/interview/course?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please give details:																		
15. Any plan for the next 6 - 12 months?(e.g. shifting, applying courses/job etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes: Please give details:																		
16. If you applied for part time, please tick/choose/circle the day and shift(s) that you can work: (M=Morning, A=Afternoon, N=Night)	<table border="1"> <tr> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <tr> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> <td>M/A/N</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N				
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M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N													
17. If you are employed what date and time can you START working?																			
18. How do you get to know the vacancies in our company?	<input type="checkbox"/> Internet <input type="checkbox"/> Just walked by <input type="checkbox"/> Introduced by friend <input type="checkbox"/> Other:.....																		
19. Do you want to be in the waiting list if this application not successful?	<input type="checkbox"/> Yes, call me for future vacancies. <input type="checkbox"/> No, don't disturb me again.																		
NOTE TO APPLICANTS: Thank you for your interest in the above vacancy. Dependant on the vacancy available, we will notify only the short listed candidates within 14 days. Should you not hear from us, we will put your name into the waiting list, depends on the option you chose when you filled up your application form. Thank you.																			
FOR OFFICE USE ONLY Instruction to staff: Please complete the interview asap when receiving the application																			
	<table border="1"> <tr> <td>Date</td> <td>Done By (Staff Initials)</td> <td></td> </tr> <tr> <td>Application Received</td> <td></td> <td>Date Of First Interview: Interviewed By:</td> </tr> <tr> <td>Call For First interview</td> <td></td> <td>Any Arrangement For Second Interview: Date: Time:</td> </tr> <tr> <td>Call For Second Interview</td> <td></td> <td>Date Of Second Interview:</td> </tr> <tr> <td>Call For Signing Agreement</td> <td></td> <td>Interviewed By:</td> </tr> <tr> <td>Agreement given &amp; signed</td> <td></td> <td>Date Of Commencement/Start: Time:</td> </tr> </table>	Date	Done By (Staff Initials)		Application Received		Date Of First Interview: Interviewed By:	Call For First interview		Any Arrangement For Second Interview: Date: Time:	Call For Second Interview		Date Of Second Interview:	Call For Signing Agreement		Interviewed By:	Agreement given & signed		Date Of Commencement/Start: Time:
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Call For Signing Agreement		Interviewed By:																	
Agreement given & signed		Date Of Commencement/Start: Time:																	
STATUS: <input type="checkbox"/> DIRECT INTAKE <input type="checkbox"/> WAITING LIST <input type="checkbox"/> APPLICANT TO REPLY BEFORE..... <input type="checkbox"/> COMPANY TO CONFIRM BEFORE ....., OR OTHERWISE APPLICATION UNSUCCESSFUL.																			