



EMPLOYMENT APPLICATION FORM

(Updated as at 01st July 2024)

Note:

1. Please print legibly in **BLOCK** whenever possible.
2. Ensure all indicated information is true and correct to the best of the candidate's belief and knowledge, without wilful suppression of any material fact.

Position applied for:

Location of position: Invictus International School Malaysia
 Others:

Attach a recent passport photograph

(Please ✓ the appropriate box/boxes)

Nature of position: Full-time Part-time/ Temporary/ Intern

Position type: Corporate/ administrative Academic support/ management
 Teaching. List subject(s) and/or grade(s):

Personal information:

Name:
First Name *Middle Name* *Last/Family Name*

Date of birth: Place of birth:

Nationality: Gender: Male Female

Marital status: Single Married Divorced Widowed

Passport No.: Place of issue:

Date of issue: Date of expiry:

Do you hold a valid driving license? No Yes. Type:

For Malaysians only:

Race: Identity Card No.:

Income Tax No.: EPF No.:



Bank account information:

(Please indicate your Malaysian bank account details if available)

Account name:
Account number: Bank:

Contact information:

(Please indicate the country and area code if applicable)

Home country

Address:
..... Postal Code/Zip code:
City: State: Country:
Home telephone No.: Home mobile No.:
Email:
Nearest airport in home country:

Malaysia (please leave blank if information is as above)

Address:
..... Postal Code/Zip code:
City: State: Country:
Home telephone No.: Home mobile No.:
Email:

Visa information:

(Only applicable for non-Malaysian and non-Malaysian Permanent Resident)

Do you hold a valid visa that allow you to work in Malaysia: No Yes.
If yes, Visa type: Visa No.:
Date of issue: Date of expiry:



Current remuneration information:

(Please indicate as per the currency amount stipulated in your most current employment contract)

Basic salary: Allowances: Housing
 Transportation
 Others

Benefits:.....
.....

Expected remuneration: Notice period:

Spouse and dependent information:

Name	Relationship	Contact Number	Gender	DOB	Occupation	Stay in Malaysia?

Emergency Contact Information:

Name: _____ Relationship: _____
Address: _____

Telephone Number (Home): _____ Telephone Number (Mobile): _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____

Telephone Number (Home): _____ Telephone Number (Mobile): _____
Email Address: _____



Language competency:

Language	Speak				Read				Write			
	E	G	A	NA	E	G	A	NA	E	G	A	NA
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bahasa Melayu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others <i>(Please specify)</i>												
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Legend: 'E' - Excellent, 'G' - Good, 'A' - Average, 'NA' - Not applicable, or not competent)

Education and qualification:

(Please list in chronological order, starting from the most current)

Month/Year		Country	Name of Institution	Award
From	To			

Employment history:

(Please list in chronological order, starting from the most current)

Month/Year		Name of Company and Country	Last held position	Basic salary on leaving	Reason for leaving
From	To				



Teaching experience:

(Please list in chronological order, starting from the most current)

Month/Year		Name of Institution and Country	Subject(s) and Grade/Level	Basic salary on leaving	Reason for leaving
From	To				

Membership of professional societies/club/associations and organizations:

Name of Society/Club/Association	Position Held

Medical history:

Are you suffering from any medical condition? No Yes.

If yes, please list:

.....

.....

.....

Current medication treatment (if any):.....

.....

.....



References

(Please provide 2 references – a professional reference from the current and latest employment. Work email is compulsory)

Name	
Company	
Position	
Email	
Mobile No.	

Name	
Company	
Position	
Email	
Mobile No.	

Declaration:

I declare that the particulars in this form are, to the best of my knowledge, complete and true. I give CES Horizon Sdn Bhd permission to check on the details provided, as required. I understand that CES Horizon Sdn Bhd reserves the right to accept or reject my application without giving any reasons.

Submitted by:

Date:

.....
Print name and sign

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