



- It is important that you complete all parts of the application in **neat and legible writing using black or blue ink**
- Please send the completed application form, resume & CV to [tghr@turbogemilang.com](mailto:tghr@turbogemilang.com)

**PERSONAL INFORMATION**

|                      |                      |
|----------------------|----------------------|
| FULL NAME            | POSITION APPLYING    |
| <input type="text"/> | <input type="text"/> |

COMPLETE ADDRESS

  


|                      |                      |                      |
|----------------------|----------------------|----------------------|
| IC NUMBER            | MOBILE CONTACT       | EMAIL ADDRESS        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

What is your gender?

Male  Female

What is your marital status?

Single  Pregnant  Separated  
 Married  Widowed

|                         |                      |                          |                      |                      |
|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| EXPECTED ALLOWANCE (RM) | CIMB ACCOUNT NUMBER  | TRAINING PERIOD (MONTHS) | DATE TRAINING START  | DATE END OF TRAINING |
| <input type="text"/>    | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/> |

Official Letter from Institute?

Yes  No

|                            |                      |
|----------------------------|----------------------|
| SPOUSE / EMERGENCY CONTACT | IC NUMBER            |
| <input type="text"/>       | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| MOBILE NUMBER        | RELATIONSHIP         | EMAIL ADDRESS        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do you have a valid drivers license?  Yes  No

Do you currently suffer from any chronic diseases?  Yes  No

Do you have any physical problem to work?  Yes  No

Do you have any history surgery or for future plan?

If yes, what is the date and type of surgery? \_\_\_\_\_

How would you evaluate your overall health?

No illness or Disabilities  Requires substantial treatment  
 Minor illness or Disabilities  Requires extensive treatment

Are you available to work in sea anchorages?  Yes  No

Do you have any Motion sickness around the sea?  Yes  No

Have you ever been convicted of a crime other than a minor traffic incident?  Yes  No

If Yes, please explain: \_\_\_\_\_

**EDUCATION (most recent)**

| Level                | School               | Date (Year)          |                      | Degree               |
|----------------------|----------------------|----------------------|----------------------|----------------------|
|                      |                      | From                 | To                   |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**WORK EXPERENCES SIMILAR TO POSITION APPLYING FOR (Last 3 latest only)**

| Company              | Date (Year)          |                      | Reason for Leaving   |
|----------------------|----------------------|----------------------|----------------------|
|                      | From                 | To                   |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Notes :** Any queries or clarification needed regarding this application process in first instance please email [tghr@turbogemilang.com](mailto:tghr@turbogemilang.com) , or call 07 510 2404