

SECTION A – WORK RELATED DECLARATION		Yes / No	Please give details	
1	Do you have any friends/relatives working in Teledirect Telecommerce Sdn Bhd			
2	Have you worked in Teledirect Telecommerce Sdn Bhd? If yes, please provide below information			
	Project		Position held	
	Start date		End date	
	Reason to leave		Reason to rejoin	
3	Have you been terminated from employment before? If yes, provide details			
	Company Name		Reason for termination	
6	Do you hold a directorship in any company? if yes, please provide details			
	Company Name		Specialization	
10	Have you been declared BANKCRUPT and/or defaulted in any payment? if yes please state when			
11	Have you ever been convicted for any CRIMINAL OFFENSES? If yes please state details			
12	Do you have any court / legal appointment to attend / settle? If yes, please state the reason and date.			
14	Are you willing to travel/relocate?			

SECTION B - HEALTH RELATED DECLARATION		Y / N	Please give details and date of last occurrence	
1	Have you ever resigned, or been denied a job on health grounds?			
2	Do you have high Blood Pressure/Heart Attacks/Angina/Diabetes/Asthma?			
3	Migraine or persistent headaches?			
4	Eye conditions, restricted vision/Glaucoma /Iritis /any other related condition?			
5	Ear conditions, restricted conditions/Tinnitus/ear infection/any other related conditions?			
6	Problems related to alcohol or drug abuse/usage or dependency?			
7	Mental illness and /or stress related problems? Nervous breakdown / Mental Fatigue / Anxiety / Depression / Panic Attacks / Significant Sleeping / Disturbances / Stress Related Problems / Eating Disorders / Self Harmful / Suicidal / Any other conditions			

8	Have you consulted a specialist or needed any operations other than already stated?		
9	Are you receiving medical treatment at the present time?		
10	Do you take any form of regular medication? For what health purpose?		
11	Do you have any other health issues that have not been mentioned above or about which you would like to provide further details?		
12	Are you pregnant? If yes, how many months?		
13	Have you take sick leave within the last 1 year of your employment? If yes, please provide below details		How many sick leave
	Top 3 reasons for sick leave	1. _____	2. _____ 3. _____
14	Have you been hospitalized within the last 2 years? If yes, please provide below details		
	Reason for hospitalization		
	Duration of hospitalization		
15	Do you have any follow up medical checkups? If yes, please provide details		Reason
			How frequent

DECLARATION

I hereby acknowledge that:-

1. Consent is given to the Company or its duly appointed agent to collect, record, store, use and process "Personal Data", as defined by the Personal Data Protection Act 2010 ("PDPA"), concerning and relating to myself, including any sensitive personal data, for the purposes of processing this employment application for the Company's consideration, and if successful, would form part of the employment records with the Company ("Purpose").
2. Such Personal Data may include, but is not limited to the following:-
 - a. Information provided via forms required by the Company
 - b. Information from any pre-employment checks, such as medical, bankruptcy, credit and criminal checks deemed necessary by the Company in relation to the Purpose
 - c. Information regarding any family members, referees and/or any such other person(s) deemed necessary by the Company in relation to the Purpose
 - d. Records of any correspondence and/or communication with representatives of the Company
3. All Personal Data provided is accurate, complete, not misleading and up-to-date and Personal Data of third parties provided is given with the prior consent from the relevant parties, failing which I indemnify the Company against any claims.
4. Consent is given to the Company to disclose any such Personal Data to any third party including the Company's duly appointed agent, relevant authorities, subsidiaries, insurers, hospitals, clinics and/or any such person(s) as deemed necessary by the Company in relation to the Purpose.

I hereby declare that the information given by me in this form is correct and true to the best of my knowledge. I fully understand and accept that if at any time after employment engagement with the Company, it is found that false declarations have been made in this form, the Company has absolute right to terminate my employment forthwith.

Signature of applicant:		NRIC number:	
Name of applicant:		Date:	