



CHECKLIST ON APPLICATION

Dear Applicant:

Kindly check the attachments prior to forwarding the relevant copies of documents for us to submit your application. Please tick (✓) the checklist accordingly.

- ☐ Under bond for _____ years until _____
- ☐ Current employment under **Kementerian Kesihatan Malaysia**
- ☐ Previously employed in Saudi through another Agency
- ☐ Application Form
- ☐ Certificate/ Diploma/ Degree/ Masters/ Ph.D. (Professional Training Certificates)
- ☐ SEN/ SRN/ SCM Registration Certificate (from Nursing Board) or any other professional bodies or any other Post Basic certificates
- ☐ Annual Practicing License Certificate (APC) for current year/ Name Retention Certificate
- ☐ Two (2) Professional Nursing Reference Letters or Testimonials

1. Current Employment (Optional)

2. Previous Employment (Compulsory)

*this must be from **Nursing Department Superior only** (i.e. Matron/ Nursing Sister/ Nursing Supervisor/ Head Nurse) and it must be on **hospital's letterhead** with current dates. Work departments and disciplines should synchronize with current jobs held

- ☐ Photos – 4 copies (Professional looking / White background)
- ☐ Copy of Passport (if available) / Copy of IC
- ☐ Copy of Resume (detailed job description)
- ☐ Copy of certificates of Attendance for CPD programs (in-service/ short courses/ Nursing seminars/ workshops/ conference) ***last 2 years relevant to unit applied**
- ☐ Copy of Qualification Transcript
- ☐ Copy of High School Certificate/ SPM/ STPM or equivalent
- ☐ Copy of Certificate of Employment & Final Exit Visa memo for **Re-application** (if previously worked in Saudi)
Date of Previous Application :

Others: Any relevant documents pertaining to skills/experience to support the position and discipline applied for.

All attachments are relevant for successful application.

Please feel free to contact us at any of our offices if you have further queries or require any assistance, or email us at **healthjobs@melorita.com**

MELORITA PJ (HQ)	: 1-300-88-NURSE (68773)
MELORITA PENANG	: + 6 (04) 227 2764
MELORITA JOHOR BAHRU	: + 6 (07) 224 2764
MELORITA KUCHING	: + 6 (082) 238 764



MELORITA APPLICATION FORM

NAME (As Per Passport/ NRIC)				PHOTO
CURRENT POSITION				
CURRENT UNIT				
HEIGHT		WEIGHT		
AVAILABILITY TO TRAVEL				

PERSONAL PROFILE			
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW
DATE OF BIRTH		RELIGION	<input type="checkbox"/> ISLAM <input type="checkbox"/> CHRISTIAN
LANGUAGE ABILITY	English: <input type="checkbox"/> Good <input type="checkbox"/> V. Good	NATIONALITY	
POINT OF HIRE (Nearest Airport)		IDENTITY CARD NO	
PASSPORT NUMBER		DATE OF ISSUE	
PLACE OF ISSUE		DATE OF EXPIRY	

PROFESSIONAL TRAINING			
DATE ATTENDED (Month/Year)	DATE GRADUATED (Month/Year)	NAME OF SCHOOL & PLACE	FIELD OF STUDY

REGISTRATION WITH PROFESSIONAL BODIES			
DATE ATTENDED (Date/Month/Year)	QUALIFICATION	NAME OF PROFESSIONAL BOARD	REGISTRATION NUMBER

GENERAL EDUCATION			
DATE ATTENDED (Month/Year)	DATE GRADUATED (Month/Year)	NAME OF SCHOOL & PLACE	FIELD OF STUDY



Name :

NRIC No. :

SUMMARY OF EMPLOYMENT (Please start with current and end with first employment)

FROM (Start Date)	TO (End Date)	NAME OF HOSPITAL & PLACE	POSITION	UNIT	YEARS OF EXPERIENCE

GUIDE: (PLEASE READ BEFORE COMPLETING)

1. Kindly ensure that you start with your **CURRENT** employment and end with your first employment
2. Kindly ensure that you indicate MONTH and YEAR for each job duration
3. If you have been promoted or give a new job title, please indicate the exact date (month and year) for this
e.g. Worked as a staff nurse from 1st January 2008 and promoted to Head Nurse on 5th January 2010

Jan 2010 – Current Head Nurse
Jan 2008 – Jan 2010 Staff Nurse

SPOUSE / DEPENDENTS (CHILDREN) INFORMATION

NAME	DATE OF BIRTH	RELATION	GENDER
		Spouse	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

CORRESPONDENCE ADDRESS			
YOUR CONTACT NUMBERS	(Mob)	LANDLINE CONTACT NO.	(Hse / Off)
EMAIL ADDRESS		NAME OF NEXT OF KIN	
NAME OF EMERGENCY CONTACT		ADDRESS OF EMERGENCY CONTACT	
RELATIONSHIP		CONTACT NUMBER	

PRE-EMPLOYMENT MEDICAL HISTORY

- Are you at present under doctor's care for any condition? ☐ YES ☐ NO
- Are you on any medications/take regularly? ☐ YES If YES, please specify _____
☐ NO
- Have you ever had surgery/admitted? ☐ YES If YES, please list giving dates _____
☐ NO
- Date of last X-ray : _____ Results : _____
- Have you ever had or have any of the following? Please (✓) or (X) at each boxes

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Head injury	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Hernia	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Gall bladder trouble
<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Blood disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Venous Thrombosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Knee Injury	<input type="checkbox"/> Bowel disorders	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Visual defects
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Enlarged liver or spleen	<input type="checkbox"/> Rheumatism or Arthritis	<input type="checkbox"/> Mental or Nervous disorders	<input type="checkbox"/> Obstetrical or Gynae disorders

A **POSITIVE** result in the following medical conditions will deem the candidate **unfit for employment** i.e, **HEPATITIS, HIV, PREGNANCY** and **VDRL-TPHA**.

PROFESSIONAL REFEREES

NAME	DESIGNATION	CONTACT NUMBER

I hereby declare that all information provided is true and correct to the best of my knowledge. Any incorrect information given above may result in my application being disqualified by the Employing Authorities.

Name : _____

Signature : _____

Date : _____