

**X-FAB Sarawak Sdn. Bhd.** 456668-U  
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# Graduate Attachment Program GAP 2013

## APPLICATION FORM

### PERSONAL PARTICULARS

Name: (Mr./Ms./Mdm.) ..... Gender: Male / Female

Age: ..... Marital status: ..... If Married, No. of Children: .....

Date of Birth: (DD/MM/YYYY) ..... IC No.: ..... Passport No.: .....

Race: ..... Religion: ..... Place of Birth: .....

Tel No.: ..... H/P No.: ..... Email Address: .....

Current Address: .....

.....

Permanent Address / Hometown: .....

.....

### FAMILY BACKGROUND

RELATIONSHIP	NAME	AGE	OCCUPATION/ EDUCATION LEVEL	EMPLOYER/ SCHOOL/ INSTITUTION
Father				
Mother				
Siblings (If applicable) :				
1)				
2)				
3)				
4)				
5)				

### EDUCATION (HIGHEST TO LOWEST)

QUALIFICATION (INCLUDING MAJOR OF STUDIES)	NAME OF UNIVERSITY/INSTITUTION/ SCHOOL	FROM (MONTH & YEAR)	TO (MONTH & YEAR)	LATEST CGPA/RESULT

## EMPLOYMENT / INDUSTRIAL TRAINING HISTORY

State your most recent or current job first followed by earlier job.

NAME OF COMPANY	POSITION	NATURE OF EMPLOYMENT (FULL TIME/PART TIME/TEMPORARY)	EMPLOYED MONTH/YEAR	BASIC SALARY	REASON FOR LEAVING
			FROM:	START :	
			TO:	LAST DRAWN :	
			FROM:	START :	
			TO:	LAST DRAWN :	
			FROM:	START :	
			TO:	LAST DRAWN :	

## GENERAL INFORMATION (Mark With an [X])

	Yes	No
1. Are you willing to work shift (if required)?		
2. May enquiry be made from your present/previous employer regarding your character and personality (if applicable)? If no, please explain:		
3. Have you ever been issued warning letter from your previous/current employment (if applicable)?		
4. Have you ever been discharged from employment for misconduct (if applicable)?		
5. Have you ever been arrested and convicted by the court of law? If yes, please explain:		
6. Do you have any physical handicap, chronic disease or other disability or undergone any operation before? If yes, please provide details:		
7. Do you have color-blindness?		
8. Do you have any dermatological or skin problem? If yes, please provide details:		
9. Do you suffer from asthma or any other respiratory problem? If yes, please provide details:		
10. Have you ever been employed by X-FAB Sarawak/1 <sup>st</sup> Silicon (M) Sdn. Bhd.? If yes, please state the date and position held:		
11. Have you ever attended an interview by X-FAB Sarawak/1 <sup>st</sup> Silicon (M) Sdn. Bhd.? If yes, please state the date and position applied:		
12. Have you ever declared bankruptcy? If yes, please provide details:		
13. Are you currently receiving scholarship from any institution or government? If yes, please provide details and bonding period:		
14. Do you have any relative working in X-FAB Sarawak? If yes, please provide details:		

How did you find out about this program (University/Website/Advertisement/Career Fair/Facebook/Friend)? Please state details:

Expected Graduation Date: \_\_\_\_\_

## DECLARATION

I, hereby declare that the information given by me in this application for employment is true and correct and I agree and accept that if any part of my declaration is false or incorrect, the company reserves the right to terminate my services with or without notice.

I further understand that my employment is contingent upon satisfactorily passing a medical examination at the company's expense by the company's appointed panel of doctors.

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

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

***Any incomplete form will not be entertained.***