

# INTERNSHIP JOB APPLICATION FORM

Position applied:	Department applied:
Notice required:	
To apply for internship, kindly state your availability: ____ months, from    /    /    (dd/mm/yy) to    /    /    (dd/mm/yy)	

## PERSONAL PARTICULARS

Name (in full):		Photo
Current address:		
Tel: (Mobile)	Email:	
Tel: (House)	Date of birth: (dd / mm / yyyy)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Marital status:	NRIC no:                    -                    -	
Membership in any professional body (MICPA/ACCA etc):		

## PROFESSIONAL QUALIFICATIONS

Completed	In Progress	Number of papers left

## ACADEMIC QUALIFICATIONS

Year		Name of College / University / School	Result
From	To		

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## LANGUAGE ABILITY [√]

Language	Written			Spoken		
	Everyday	Often	Seldom	Everyday	Often	Seldom
<input type="checkbox"/> English	▪	▪	▪	▪	▪	▪
<input type="checkbox"/> Malay	▪	▪	▪	▪	▪	▪
<input type="checkbox"/> Mandarin	▪	▪	▪	▪	▪	▪
<input type="checkbox"/> Others:	▪	▪	▪	▪	▪	▪

Most of your reading materials are in: ▪ English ▪ Malay ▪ Chinese ▪ Others:

## COMPUTER / IT SKILLS [√]

Microsoft Office	Level			
	Basic	Intermediate	Advanced	Expert
<input type="checkbox"/> Microsoft Word	▪	▪	▪	▪
<input type="checkbox"/> Microsoft Excel	▪	▪	▪	▪
<input type="checkbox"/> Microsoft PowerPoint	▪	▪	▪	▪

## EMPLOYMENT HISTORY

Month/Year		Name of Company	Position	Salary	Reason for leaving
From	To				
/	/				
/	/				
/	/				
/	/				
/	/				

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## FAMILY BACKGROUND

<b>Father</b>		<b>Mother</b>	
Name:		Name:	
Occupation:		Occupation:	
Name of employer:		Name of employer:	
<b>Brothers / Sisters</b>			
Name	Age	Occupation	Name of employer
<b>Spouse</b>			
Name	Age	Occupation	Name of employer
<b>Children</b>			
Name	Age	Occupation	Name of employer / School

## STAFF REFERRAL PROGRAMME (if applicable)

Referrer Name	Contact No.	Department



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## Others

1. Describe your career goals and how this internship will help you reach those goals. Be specific about the experiences you want to gain through this internship and why you believe this internship can provide such an experience.:

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2. Share your understanding about the job responsibility for the position you applied:

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I solemnly declare that the above particulars are true and correct. If any information is found to be false or incorrect, I agree to any disciplinary action being taken against me by the Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE

Name & Signature	Date