

INTERNSHIP APPLICATION FORM

Vacancy Title:		
Internship Start & End Date:		
Is Academic Internship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Internship Required Period:
Is this your last semester:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Remaining semester before graduation: _____)	
CGPA:		Secondary Sch/SPM/STPM Result:

PERSONAL INFORMATION		
Name:		NRIC/Passport No.:
Gender:		Age:
Race:		National:
Contact No.:		Marital Status:
Email Address:		Religious:
Address (NRIC):		
Address (Current):		
Academy Supervisor Name:		Academy Supervisor Contact No.:
Emergency Contact Name:		Relationship:
Emergency Contact No.:		

EDUCATION/QUALIFICATION (Including Current Studies)		
Qualification title	Institution/training provider/certification	Year completed



Please answer below question as well.

1. Why did you choose an internship for the position you selected? What are you hoping to work on and gain from this experience?
2. What specific skills (e.g., programming languages, UI/UX/graphic design, other) are you most comfortable with? Please rate yourself for each of those on a scale of 1 to 10.
3. Are you familiar with any tool or frameworks? Which ones, and what do you like about them?

EMPLOYMENT HISTORY			
Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.			
Employer name	Dates from/to	Position held	Reason for leaving

Do you agree to have referees contacted in relation to this application? (tick one)

☐ Yes

☐ No

The reason you tick No:

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

REFERENCES		
Please give the names and addresses of your three most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.		
Name	Contact No.	Position held/working relationship (eg supervisor)

We reserve the right to contact any of your other previous employers within the last three years

1. Do you own a car?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you possess a driving license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are you currently undertaking study/training?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. If yes, course/program name:				
5. Do you want to further study?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Have you given convicted by any court of law for criminal offence? If YES, please specify. _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Are you pregnant? (for female applicant)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Are you ill (high blood, heart attack or others), if YES, please specify the name of the illness. _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

DECLARATION

Statement to be Signed by the Applicant (Candidates selected for interview will normally be notified within four weeks of the closing date.)

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered:

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with the Company. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Name:

Signature: