

**MALAYSIAN DENTAL CORPORATION GROUP OF COMPANIES**

- TAMAN U DENTAL SURGERY S/B**  
26A, Jln. Kebudayaan 1, Taman Universiti, 81300 Skudai, Johor, Malaysia Tel/Fax:07-5 208 508
- U DENTAL SURGERY**  
30A, Jln. Indah 16/5, Taman Bukit Indah, 81200 Johor Bahru. Tel: 014-888 9000
- Malaysian Dental Corporation S/B**  
26A-24A, Jln. Kebudayaan 1, Taman University, 81300 Skudai, Johor, Malaysia. Tel/Fax:07-5 208 508

**APPLICATION FORM**

**Position apply for:**

<input type="checkbox"/> <b>Office Manager</b> <input type="checkbox"/> <b>Front Desk Officer</b> <input type="checkbox"/> <b>Nurse/Dental Assistant cum Receptionist</b> <input type="checkbox"/> <b>Chief Dental Assistant (Experience required)</b>	<input type="checkbox"/> <b>Dental Technician</b> <input type="checkbox"/> <b>Chief Dental Technician</b> <input type="checkbox"/> <b>Technical Manage</b>
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Full Time  
 Part Time  
 (Tick  where applicable)

<b>Personal Details:</b> <b>Name:</b> <input style="width: 100%;" type="text"/> <b>Address:</b> <input style="width: 100%;" type="text"/> <b>Sex:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <b>NRIC No.</b> <input style="width: 100%;" type="text"/> <b>Phone No.:</b> <input style="width: 100%;" type="text"/> (required)	<b>Chinese/Christian Name, if any:</b> <input style="width: 100%;" type="text"/> <b>Date of Birth:</b> <input style="width: 100%;" type="text"/> <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <b>Number of Children and</b> <input style="width: 100%;" type="text"/>
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<b>Highest Qualifications:</b> <input type="checkbox"/> Primary school or lower <input type="checkbox"/> SRP/PMR Other : ..... Courses (Attended or presently attending): .....	<input type="checkbox"/> SPM <input type="checkbox"/> STPM <input type="checkbox"/> Diploma:..... <input type="checkbox"/> Degree or higher:.....
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**REFeree and GUARANTOR:**  
 Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Tel: \_\_\_\_\_

If You Are A Student : Name Of School/College : _____ Class/Grade/Form : _____	<b>Special request/demand for this application:</b> _____ _____
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<b>Salary Now (or Last Highest Salary if you are not working):</b> RM <input style="width: 50px;" type="text"/> per month or per hour	<b>Do you want to be in the waiting list if this application not successful?</b> <input type="checkbox"/> Yes, call me for future vacancies. <input type="checkbox"/> No, don't disturb me again.
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<b>Salary expected for this application:</b> RM <input style="width: 50px;" type="text"/> per month (Full time) RM <input style="width: 50px;" type="text"/> per hour (Part time)	<b>Languages and Dialects:</b> Spoken only : <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Other :..... Written and Spoken : <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese
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**Previous and Present Employment (Please write the latest 3, if any):**

Name and address of company	Tel. No.	Position Held	From __ Year to __ Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Please answer truly:**

Can you work OT or at night if required?-----	<input type="checkbox"/> I Can	<input type="checkbox"/> I Can Not
Can you work at weekends or public holidays if required?-----	<input type="checkbox"/> I Can	<input type="checkbox"/> I Can Not
Can you use computer (Windows, keyboard, mouse) efficiently?----	<input type="checkbox"/> I Can	<input type="checkbox"/> I Can Not
Are you willing to learn computer and management skills?-----	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you waiting for result of other interview/job/examination?-----	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Have you** (If Yes,give details)

Suffered from any long illness/Drug addiction?  No  Yes : .....

Ever been convicted of a criminal offence?  No  Yes : .....

**Employee Release and Privacy Statement**

I understand that Taman U Dental Surgery (hereinafter called "the clinic") required certain information about me to evaluate my qualification for employment and to conduct it practice if I become an employee.  
 I authorise the clinic to investigate my past employment,educational credentials and other employment related activities.  
 I agree to cooperate in such investigation and release those parties supplying such information to the clinic for all liability or responsibility with respect to information supplied.  
 I declare that I filled up all I ought to know. I understand that any false statement made by me on this application or any supplement thereto or in connection with the above mentioned investigations will be sufficient grounds for IMMEDIATE discharge if I am employed.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**Questionnaire: Please Answer**

Your Vehicle to work:  Bus  Car  Motorbike  Walking  Other person taking/fetching

Travel Time from resident to work: \_\_\_\_\_ minutes.

Reason for quitting last job:.....

Any knowledge of position applied?-----  No  Yes

Are you working now, part time or full time?-----  No  Yes

If you are employed what date and time can you START working?----- / /

Have you apply for other job/course or waiting result from other job/interview/course?  No  Yes

Any plan for the next 6 - 12 months?(e.g. shifting, applying courses/job etc.)  No  Yes

If you applied for part time, please tick/choose the day you can work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Public Holidays	School Holidays

**Note To Applicants:**

Thank you for your interest in the above vacancy.

Dependant on the vacancy available, we will notify only the short listed candidates within 14 days. Should your not hear from us, we will put your name into the waiting list, depends on the option you chose when you filled up your application form. Thank you.

If you are successful, please bring along 2 (TWO) copies of your photocopy IC, EPF/KWSP number (if any).

**For Office Use Only**

Date of Interview:

Date of COMMENCEMENT/STAR

Interviewed by:

TIME :

Direct Intake

Applicant to reply before.....

Waiting List

Clinic to confirm before.....,or otherwise application unsuccessful.