

Position applied:		Location 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): <i>(Please print in block letters)</i>		Photo					
Residing address:	Permanent address: <input type="checkbox"/> Same as residing 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 association: _____							
PROFESSIONAL QUALIFICATIONS							
Completed	In Progress	Number of papers left					
ACADEMIC QUALIFICATIONS							
Year		Name of College / University	City	Major	CGPA		
From	To						
Other courses pursued:							
Year		Name of Secondary School	City	Subjects			
From	To			Strength	Weakness		
STPM Results							
SPM Results		____ A	____ B	____ C	____ D	____ E	____ F
English		Malay					
Mathematics		Additional Mathematics					

EXTRACURRICULAR ACHIEVEMENTS						
Year		Name of School / College / University	Major responsibilities and contributions			
From	To					
Hobbies / Interests:						
LANGUAGE ABILITY [√]						
Language	Written			Spoken		
	Everyday	Often	Seldom	Everyday	Often	Seldom
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of your reading materials are in: <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Others:						
COMPUTER / IT SKILLS [√]						
Microsoft Office	Proficiency Level					
	Basic	Intermediate	Advanced	Expert		
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other software / computer applications:	Proficiency Level					
	Basic	Intermediate	Advanced	Expert		
Audit / Accounting / Tax Software:						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Accounting Related Software:						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMPLOYMENT HISTORY					
Month/Year		Name of Company	Position	Salary	Reason for leaving
From	To				
/	/				
/	/				
/	/				
/	/				
/	/				
Experience and skills gained:					
Strengths:			Weaknesses:		
FAMILY BACKGROUND					
Father			Mother		
Name:			Name:		
Occupation:			Occupation:		
Name of employer:			Name of employer:		
Brothers / Sisters					
Name	Age	Occupation	Name of employer		
Spouse					
Name	Occupation	Name of employer			
Children					
Name	Age	Occupation	Name of Employer / School		
STAFF REFERRAL PROGRAMME (if applicable)					
Referrer Name		Contact No.	Department		

Others

1. List your skills and abilities:

2. Describe how your skills and abilities can help build the firm:

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

4. Share what you hope to achieve in 3 years time and how you plan to achieve it:

My current basic salary is _____ and my expected salary is _____.

I solemnly declare that all information provided in this application and any attachments are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment, or any offer of employment will be withdrawn or my employment with the Firm will be terminated without notice and without assigning any reason whatsoever if discovered at a later date.

Signature

Date