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APPLICANT/EMPLOYEE RELEASE AND PRIVACY STATEMENT I understand that potential) employer (hereinafter called "the company") required certain information about me to evaluate my qualification for employment and to conduct it practice if I become an employee. I authorize 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.										
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Date: Applicant's Signature:	connection with the above m	nentioned investigations	s will be sufficient gro	nds for IMMEDIATE discharge if I am employed.						
	Date:			Applicant's Signature:						

Please answer truly:											
1. Can you work OT or at night if required?				□Yes							
2.Can you work at weekends or p			□No	□Yes							
3a. Can you use computer (keyboard, mouse) efficiently?				□Yes							
3b. Do you have a computer at home?				□Yes							
3c. Software skill-Are you able to use the following software?				soft Windo	ws 7/8⊡MS	Excel 25	Skype				
				□ Internet/Google□MS Access □Whatapps							
				□ MS Power Point□MS Outlook/Email□Team Viewer							
				n Viewe <mark>r</mark> ⊡`	Your Email	Address:					
4. Are you willing to learn computer and management skills?				□Yes							
5. Have your ever apply for any position in this company or sister											
companies as in the letterhead at t		impany or sister	□No	□Yes							
		a montal illago) for	□No			dete lle :					
<ol><li>a1)Have you suffered from any illness (including mental illness) for more than 14 days?</li></ol>				⊔Yes-F	Please give	details:					
a2)Any history of drug addiction? b)Are your physically handicapped or inconvenient that may affect your					Please give						
work?				Yes-F	lease give	details:					
<ul><li>c) Are you a hepatitis B carrier?</li><li>d) Are you taking medication for more than 2 week?</li></ul>					lease give						
e) Do you have effective Hepatitis B vaccination?					lease give						
e) For Female Only:Are you pregr			□No				ion/booster:				
If you are pregnant are you w		ical work?	□No		Please give						
			□No		Please give						
<ol><li>Have you ever been convicted of</li></ol>	of a criminal off	ence in the court of law?	□No	□Yes-F	Please give	details:					
8. Do you know or related to or inte	erested by any	current or previous staff	□No	□Yes-F	lease give	name of the	e staff:				
of the company?					0						
9a.How do you intend to come to v	vork:		Bus	🗆 Car		lotorbike	🗆 Wa	alking			
			🗆 Requir	ed a hoste	el			5			
9b. Do you own any vehicle			□No		Please give	e details:					
			-		Other						
9c. Do you poses any VALID drivir	ig license(s)?		□No			e details: 🗆 l	32 🗆 D	Other			
10. Travel time from your resident	to work:				100.00 9.10						
To: Traver time from your resident	to work.		Minutes								
11. Are you willing to relocate or w	ork in other bra	anches/location or sister	□No	□Yes	indice						
companies?											
	1. 10										
12. Any knowledge of position app	lied?		□No □Yes								
13. Are you working now, part time	or full time?		□No □Yes								
			□No								
14. Have you apply for other job/co	ourse or waiting	j result from other	□No	□Yes	Please give	e details:					
job/interview/course?											
15. Any plan for the next 6 - 12 mo	nths?(e.g. shif	ting, applying courses/job	□No	□Yes: I	Please give	details:					
etc.)					0						
16. If you applied for part time, ple	ase tick/choose	e/circle the day and	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
16. If you applied for part time, please tick/choose/circle the day and				M/A/N	M/A/N	M/A/N	M/A/N	M/A/N	M/A/N		
			M/A/N								
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