

By filing-in this form, you agree that KPJ College Penang may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your data, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection policy (available at our website http://www.kpjuc.edu.my

CONFIRMATION OF WORKING EXPERIENCE FORM

Note: Kindly complete the following information to confirm your employment status for requirement assessment entry to KPJ Healthcare University and its affiliates.

PERSONAL AND ACADEMIC BACKGROUND				
NAME				
NRIC NO				
CONTACT NO(MOBILE)				
EMAIL ADDRESS				
HIGHEST QUALIFICATION	Please (✓) whre necessary □ Certificate/SPM/STPM/Foundation/Matriculation/Other foundation □ Diploma □ Bachelor □ Master			
Name of Qualification	•			
Institution :				
CGPA or Other overall score				
Academic Programme Applied				
*WORKING EXPERIENCE (CUM	IULATIVE YEARS)			
CURRENT COMPANY :				
DEPARTMENT/SERVICES :				
POSITION :				
DATE OF JOINED :				
DURATION (IN MONTH):				
UNTIL TODAY (PLEASE STATE THE CURRENT DATE)				
CONTACT NO :				
Confirmation by the Department of Human Resource / or other equivalent do uments of evident	(G:)			

*PREVIOUS COMPANY (C	UMULA	ΓIVE YEARS)		
COMPANY NAME :				
DEPARTMENT/SERVICES :				
POSITION :				
DATE OF JOINED :				
DURATION (IN MONTH):				
UNTIL TODAY (PLEASE STATE THE CURRENT DATE)				
CONTACT NO :				
Confirmation by the Departme Human Resource / or other equi		(Signature)	Official Stamping Company / Position)	
		(Name & Date)		
*PREVIOUS COMPANY (C	UMULA	ΓIVE YEARS)		
COMPANY NAME :				
DEPARTMENT/SERVICES :				
POSITION :				
DATE OF JOINED :				
DURATION (IN MONTH):				
UNTIL TODAY (PLEASE STATE THE CURRENT DATE)				
CONTACT NO :				
Confirmation by the Department of Human Resource / or other equivalent documents of evident		(Signature)(Name & Date)	Official Stamping Company / Position)	
* Note: Use separate form for add	ditional co			
DECLARATION : I hereby declared that the above information is true.		rmation is true	For Admission Service Use ONLY Attended By :	
		Signature	:	
			:	
(Student's Signature)				
Name :			Total working Experience :	
Date :		Remarks :	Remarks :	