



ESTABLISHED 1998

بروني گيس سولديرين برحد
BRUNEI GAS CARRIERS SDN BHD

APPLICATION FORM

Guidelines:

- 1 Please complete this form in english and in the applicant's own handwriting.
- 2 Please attach copies of certificates, I.C. and other relevant documents to this form.
- 3 Additional information should be provided on the field provided at back of this form.
- 4 Please attach one passport-sized photograph
- 5 Incomplete forms will not be reviewed and considered for employment screening.

Please submit a completed application form to:

Resources & Development Section
Brunei Gas Carriers Sdn Bhd
7th Floor, Setia Kenangan Complex
Kg Kiulap, B.S.B, BE1518
Negara Brunei Darussalam
Tel: 2238783/8/9 Fax: 2238790

Office Hours:

Monday - Thursday: 08:00 - 12:00 13:00 - 17:00
Friday: 08:00 - 12:00 14:00 - 17:00

POSITION APPLIED FOR: (Please tick one)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ENGINEERING CADET | <input type="checkbox"/> DECK CADET | <input type="checkbox"/> ELECTRICIAN |
| <input type="checkbox"/> MACHINIST | <input type="checkbox"/> CATERING | <input type="checkbox"/> DECK RATING |

PERSONAL DETAILS: (Fill in full details in block letters)

NAME:
(as in Identity Card)

ADDRESS:

POSTCODE: TEL: (H) / (M)

EMAIL ADDRESS:

DATE OF BIRTH: PLACE OF BIRTH:

NATIONALITY: RACE/ETHNIC GROUP:

PASSPORT NO: ISSUE DATE: EXPIRY DATE:

I.C NO & COLOR: RELIGION:

MARITAL STATUS HEIGHT: WEIGHT

NEXT OF KIN:

NAME: RELATIONSHIP:

ADDRESS:

OCCUPATION: I.C NO & COLOR:

TEL: (H) / (M)

SURETY: (If Different From Next Of Kin)

NAME: RELATIONSHIP:

ADDRESS:

OCCUPATION: I.C NO & COLOR:

TEL: /

QUALIFICATIONS: (Please attached certificate for the following qualification to this form)

PMB SUBJECT TAKEN	GRADE	YEAR	PMB SUBJECT TAKEN	GRADE	YEAR
N/O' LEVEL SUBJECT TAKEN	GRADE	YEAR	N/O' LEVEL SUBJECT TAKEN	GRADE	YEAR
A' LEVEL SUBJECT TAKEN	GRADE	YEAR	A' LEVEL SUBJECT TAKEN	GRADE	YEAR

HIGHER EDUCATION / PROFESSIONAL QUALIFICATIONS (e.g. BTEC, NTC, ND, HND, BDTVEC)			
LEVEL OF AWARD	DURATION	COURSE	YEAR

EMPLOYMENT HISTORY (Please also include work attachment and unpaid working experience)			
LEVEL OF AWARD	DURATION	COURSE	YEAR

EMPLOYMENT HISTORY (Please also include work attachment and unpaid working experience)		
NAME OF EMPLOYER	DURATION	POSITION, MAIN RESPONSIBILITIES, BASIC SALARY & ADDITIONAL ALLOWANCES

ADDITIONAL INFORMATION

LANGUAGE ABILITY:		Please rate: POOR / GOOD / EXCELENT	
WRITTEN	RATING	WRITTEN	RATING
MALAY		MALAY	
ENGLISH		ENGLISH	
OTHERS:		OTHERS:	
DRIVING LICENCE NO.:	TYPE:	VALIDITY:

Please circle your answer, either Yes (Y) or No (N)

Do you have any physical impairment and / or are under any medical treatment? **Y/N**
if YES please provide the details:

Are you color blind: **Y/N**
Do you suffer from asthma or have had an asthma attack? **Y/N**

Are you under any form bond? **Y/N**
if yes, please fill in the following fields:
Bond Value (B\$): Bond Duration:
Bond Department:

Hobbies:

Have you applied to Brunei Gas Carriers Sdn Bhd / Brunei Shell Tankers Sdn Bhd before? **Y/N**
if Yes, please fill in the following fields:
No. of times applied: Outcome:
Last application date:

Please state your interest in applying for a job with our company:
.....

DECLARATION

I have been convicted of criminal offence **Y/N**
(if Yes, please provide details at the back of this form)

I object to you contacting my former and current employer(s) **Y/N**

I hereby declare offered tha all particulars given in this application form are correct and fully understand that no consideration will be given to my application if any of these particulars are found to be incorrect.

If i Should be offered and have accepted an offer of training/employment by Brunei gas Carries Sdn Bhd (BGC), I further agree that if I have found to have provided false information and have made a false declaration, BGC reserve the right to terminate my training/employment summarily.

.....
Applicant's signature Date

.....
Surety's signature Date