

INTERNSHIP APPLICATION FORM

A) APPLICATION FOR:

Department (Please tick where applicable)	☐ Audit		□ Tax		Advisory	□Ac	counting		
	☐ Others	s:		(P	lease indicate)				
Preferred Location	□KL□	Oth	ners:		(Other E	Baker Tilly b	oranch)		
Internship Period	From		t	0					
B) PERSONAL DETAIL	.S								
Full Name									
Calling Name									
Nationality									
NRIC / Passport No								_	
Date of Birth								Recent Photo	
Age									
Gender									
Marital Status									
Religion									
Email Address									
Telephone	(H/P)				(Home)				
Current Address									
Permanent Address									
C) FAMILY DETAILS									
Name of Spouse		ge	Occupatio	n		Nam	e of Comp	any	
Name of Father Age Occupation Name of Com			e of Comp	any					

	Name of Spouse	Age	Occupation	Name of Company
	Name of Father		Occupation	Name of Company
	Name of Mother	Age	Occupation	Name of Company
	Name(s) of Sibling	Age	Occupation	Name of Company
1				
2				
3				
4				
5				
	Name(s) of Children	Age	Occupation	Name of Company/School/College/University
1				
2				
3				
4				
5				

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D) PROFESSIONAL QUALIFICATION

	ou belong to any associations, professional institutions or any other nizations which may relate to your application If yes, please specify: -	Status (Completed/In- progress)	No. of paper(s)left
1			
2			
3			

E) EDUCATION BACKGROUND / EXTRA-CURRICULAR ACTIVITIES Please give details of educational and professional qualifications in chronological order.

Academic Period (Year)		University / College / Secondary School	Qualification Obtained	Grades (e.g., CGPA, Units)	
From	То			,	

Year	Extra-curricular activities	Position Held

F) EMPLOYMENT

Please give details of your, starting with the most recent employment. Account for all your time, including voluntary work or other periods away from study.

Dates (month & year)	From	То	Age	From	То
Company Name, Location			Position Held		
Reason for Leaving			Last Drawn Salary		
Dates (month & year)	From	То	Age	From	То
Company Name, Location			Position Held		
Reason for Leaving			Last Drawn Salary		
	- I			- I	
Dates (month & year)	From	То	Age	From	То
Company Name, Location			Position Held		
Reason for Leaving			Last Drawn Salary		

^{*} Note: Continue on a separate sheet if necessary.

G) OTHER INFORMATION

How often can you travel?		Are you willing to	relocate?		
☐ Anytime		□ Yes □	□ No		
☐ Once a week					
☐ Once a month		Do you possess a	transporta	ation (car / motorbike)?	
☐ Not willing to travel		· · · · · · · · · · · · · · · · · · ·] No		
□ Not willing to traver					
Physical disabilities if any:					
Major illness suffered since birth:					
* If not applicable, please state N/A * Please be aware that the declaration of your health co	ondition will not automatically di	isqualify you from being empl	oyed by Baker Ti	illy.	
Have you ever been convicted of a c	-	□ Yes	□ No		
Detail of offence (if any):					
* If not applicable, please state N/A					
* Please be aware that declaring a conviction will not at	utomatically disqualify you from	being employed by Baker Ti	lly.		
Do you have a valid wards a small of				□ Yes	
Do you have a valid work permit?				□ No	
				☐ Not Applicable	
Have you ever applied for any position	on with Baker Tilly Ma	alaysia and its relate	ed	□ Yes	
entities? If yes, please specify: -				□ No	
Position:	Date Applied:				
Lieuwania di fan Dalum Tille				□ Yes	
Have you ever worked for Baker Tilly	Malaysia and its rela	ated entities?			
If yes, please specify: - Position:				□ No	
Date Joined:	Date Resigned:				
Date Joined.	Date Resigned.				
Do you know anyone in the Manager	nant of Bakar Tilly M	alaysia and its rolat	ad	□ Yes	
Do you know anyone in the Manager entities? If yes, please specify: -	nent of baker filly wi	alaysia and its relat	ea	□ No	
Name:					
Position:	Relationship:				
Position.	Relationship.				
Do you know onyone in the Man-	mont position from the	o compositors of D	lear	☐ Yes	
Do you know anyone in the Manager Tilly Malaysia and its related entities'	•	•	iker		
Name:	i ii yes, piease speci	iiy		□ No	
Position:	Dolotionahini				
Position.	Relationship:				
How were you introduced to Baker T					
☐ Employee Referral	☐ Social Med			ruitment Website	
Name of Employee:	Platiorm:		Port	al:	
☐ Recruitment Agency	☐ Career Fai	r	☐ Othe	ers:	
<u> </u>				Please specify	
How well can you communicate in the following languages? (Kindly circle)					
Excellent: 5 / Good: 4 / Average: 3	/ Below Average: 2	2 / Poor: 1			
Language	Writte	n		Spoken	

How well can you communicate in the following languages? (Kindly circle)										
Excellent: 5 / Good: 4 / Average: 3 / Below Average: 2 / Poor: 1										
Language	Language Written Spoken									
Bahasa Malaysia	5	4	3	2	1	5	4	3	2	1
English	5	4	3	2	1	5	4	3	2	1
Chinese	5	4	3	2	1	5	4	3	2	1
Others:	5	4	3	2	1	5	4	3	2	1

H) DECLARATION

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct and complete. If I include any details that are known to be false or if I withhold relevant information I may render myself liable to disqualification from recruitment or, if appointed, to dismissal. I authorize the references listed above to give you any and all information concerning myprevious employment and any pertinent information they may have, personal or otherwise, and releaseall parties from all liability for any damage that may result from furnishing same to you. I hereby alsoconfirm my consent to the Firm to process my personal data for the purposes of personneladministration, employee work and business management purposes as per the Data Protection Act 2010.

Your Signature / Name		Date				
Note: If you submit your analization electronically tuning your name will be taken as being as binding as your signature						

PLEASE WRITE A SHORT PARAGRAPH (AT LEAST 80 - 100 WORDS) ABOUT: -

- · YOURSELF;
- YOUR CAREER GOALS:
- YOUR STRENGTHS AND WEAKNESSES; AND
- HOW YOU CAN CONTRIBUTE TO OUR FIRM.