

3. ACADEMIC BACKGROUND (Enclose of relevant documents the highest degree / diploma / certificate attained)		
SCHOOL, COLLEGES, UNIVERSITY	YEAR OF STUDIES	QUALIFICATION
4. CAREER HISTORY (Recent 2 positions)		
EMPLOYER'S NAME & ADDRESS	POSITION HELD	DATE JOINED & LEFT
1.		
2.		
5. PAYMENT (Company / Self-sponsored)		
NAME OF COMPANY:		
CONTACT PERSON:	DESIGNATION:	
TELEPHONE NO:	FAX NO:	
SELF SPONSORED APPLICANT:		
MODE OF PAYMENT: (Please tick)		
<input type="checkbox"/> Lump Sum : Cash or Cheque (Payable to "EOSH Responsible Care Sdn Bhd" – EON Bank)		
<input type="checkbox"/> Installment: Please collect the "Letter of Undertaking" from the Institute for the installment plan.		
<input type="checkbox"/> Others : _____ (Please Indicate)		
6. REFERENCE		
NAME 1:	TELEPHONE:	
NAME 2:	TELEPHONE:	
7. DECLARATION		
<p>1. I declare that all particulars and information supplied in connection with this Application are true and correct to the best of my knowledge and belief. If any of the above to be untrue, I agree that MIHRM reserves the right to act accordingly.</p> <p>2. I hereby authorize MIHRM to make reference checks to use information in this Application for whatever purpose as may be necessary in furtherance to the objective of MIHRM.</p>		
<p>Note: Please return this form to EOSH with a crossed cheque (EON BANK)/ money order / cash RM200 being the Registration Fee payable to the EOSH Responsible Care Sdn Bhd.</p> <p>Main Office: No 53, Jalan SS2/27, Damansara Jaya, 47400 Petaling Jaya, Selangor, Malaysia. Fax: 03-77270554 Email: mihrm_eosh@yahoo.com Mobile: 013 8007005</p>		
Signature: _____		Date: _____