



Confirmation or Working Experience

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

Personal and Academic Background

Name _____

IC No. _____

Mobile No. _____

Email Address _____

Certificate/SPM/STPM/Foundation/Matriculation/Other foundation

Highest Qualification (please ✓ where necessary) Diploma Bachelor Master

Name of Qualification _____

Institution _____

CGPA or Other overall score _____

Academic Programme Applied (refer to kpjuc.edu.my for the details of programme) _____

Working Experience (Cumulative 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 documents of evident

(Signature)

.....

(Name)

(Official Stamping – Position or Company)

(Refer overleaf to record the additional working experience)



Previous Company 1

Department/Services _____

Position _____

Date of joined _____

Date of leaving _____

Duration of experience
(in month) _____

Contact no. _____

(Official Stamping – Position or Company)

Confirmation by the Department
of Human Resource / or other
equivalent document of evident

.....
(Signature)

.....
(Name)

Previous Company 2

Department/Services _____

Position _____

Date of joined _____

Date of leaving _____

Duration of experience
(in month) _____

Contact no. _____

(Official Stamping – Position or Company)

Confirmation by the Department
of Human Resource / or other
equivalent document of evident

.....
(Signature)

.....
(Name)

Note : Use separate form for additional companies

Disclaimer:

I hereby declared that the above information is true.

.....
(Signature)

.....
(Name)

(Date:)

For Admission Department use:

Attended by :

Date received :

Total working experience:

Remarks :