

# AIRBUS

## MALAYSIA APPLICATION FOR INTERNSHIP

Please fill up this form legibly. All details MUST be provided.

1. DEPARTMENT APPLIED FOR:

INTERNSHIP ALLOWANCE  
(For Office use)

POSSIBLE STARTING DATE:

Attach  
Photograph  
Here

### 2. PERSONAL PARTICULARS

Full Name

Correspondence Address

Email Address

Telephone Number

Date of Birth

Mobile Phone Number

Citizenship

Sex (M/F)

Race

Marital Status

(M=Married/S=Single/W=Widowed/D=Divorced)

IC No (New)

Passport No

IC No (Old)

Socso No

Income Tax No

EPF No

### 3. FAMILY PARTICULARS

Spouse's Full  
Name

Occupation

Father's Full  
Name

Occupation

Mother's Full  
Name

Occupation

**4. ACADEMIC AND PROFESSIONAL QUALIFICATION**

Name Of School/College/University	Certificate/Diploma/Degree Professional Qualification Attained	Year Attained	Grade	(For Company Use)

**5. PROFESSIONAL MEMBERSHIP/AWARD/ LICENCES**

Please indicate professional body memberships/awards relevant to the position for which you are applying for.

<u>Name Of Professional Bodies</u>	<u>Type Of Membership</u>	<u>Year</u>

**6. LANGUAGE PROFICIENCY**

Language	'P' for Poor 'A' for Average 'F' for Fluent			(For Company Use)
	Writing	Reading	Spoken	
English				
Bahasa Malaysia				
Others:				

**7. COMPUTER LITERACY**

Please indicate types of programme/ software application

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**8. OTHER INFORMATION**

Have you a friend, spouse or relative working in the Airbus Helicopters or Airbus Group? (If yes, state name, relationship and in which company)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied to any of the Airbus Helicopters or Airbus Group of Companies before? (If yes, state position, date & name of company)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked in any of the Airbus Helicopters or Airbus Group before? (If yes, state position, date & name of company)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged and convicted in any criminal court of law? (If yes, please provide details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any interest in any business undertaking, including family business? (If yes, please give details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been declared a bankrupt before? (If yes, please give details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**9. MEDICAL AND PHYSICAL STATUS**

Have you suffered from or are you currently suffering from any physical or mental illness ? (If yes, please provide exact details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been hospitalised before ? (If yes, please provide exact details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**10. DECLARATION**

Please read the following statements carefully and indicate that you have done so by entering today's date and signing below:

I hereby confirm that the information provided on this application form (and accompanying document, if any) is true and complete to the best of my knowledge and agree to advise this Company, in writing, of any change or addition to any information contained in this application. I agree that false information or the omission of information from this Application (including leaving blanks on this Application or my failure to correct or add to the information changes during the course of my employment) ("Inaccurate Information") may disqualify me from consideration for employment or continued employment and may well result in my immediate dismissal if discovered at a later date. I further agree to indemnify this Company from any and all liability that may be caused by the Company relying on Inaccurate Information.

I authorise the investigation of my past employment and other qualifications of employment as deemed appropriate and agree to cooperate in such investigation. I agree to release, indemnify and hold harmless all persons and other entities (third parties) providing the information requested by the Company. I also agree to release, indemnify and hold harmless the Company from any and all liability in connection with its conducting such investigation as it deems appropriate and the use of the information received from Third Parties.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_