

## SEAMEO REGIONAL CENTRE FOR EDUCATION IN SCIENCE AND MATHEMATICS PENANG, MALAYSIA

APPLICATION FORM

(Please write in BLOCK LETTERS)

**Closing Date: 27 November 2025** 

| ADMINISTRATIVE ASSISTANT<br>(INTERNATIONAL HOUSE) | Recent<br>Photograph                         |
|---|--|
| Position applied for:                             | Of   |
| The earliest date able to start work:             | Applicant                                    |
| Full name of applicant:                           |  |
| Gender Country of birth: Date of H                | Birth:                                       |
| Nationality:                                      | ssue   |
| Place of Issue EPF Membership No.:                |  |
| Present Address:  Handphone: Fixed Phone: Fax:    |  |
| Permanent Address:                                |  |
|   |  |
|   | (INTERNATIONAL HOUSE)  Position applied for: |

6. Wife/husband & children (if applicable):

| Name | Relationship | Date ofBirth | Citizenship | Place of<br>Residence |
|------|--------------|--------------|-------------|-----------------------|
|      |              |              |             |                       |
|      |              |              |             |                       |
|      |              |              |             |                       |
|      |              |              |             |                       |
|      |              |              |             |                       |

7. Academic qualifications (in chronological order). Please attach certified true copy of each qualification.

| School/ College/University | Dates | Highest Qualification Obtained | Major/Minor |
|----------------------------|-------|--------------------------------|-------------|
|                            |       |                                |             |
|                            |       |                                |             |
|                            |       |                                |             |
|                            |       |                                |             |
|                            |       |                                |             |
|                            |       |                                |             |

7. Employment and Experience (in chronological order). Please attach certified true copy of all appointment letter, job description and previous three months salary slips or income statements.

| Organization | Position | Date Joined<br>Date Left | Reason for leaving |
|--------------|----------|--------------------------|--------------------|
|              |          |                          |                    |
|              |          |                          |                    |
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|              |          |                          |                    |

| Written and Spoken  | Writt                    | ten Only                 | Spoken Only               |
|---|--------------------------|--------------------------|---------------------------|
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|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
| ) Give the following particulars of                             | of two persons to who    | m references about you   | u may he made             |
|   | Present                  | Years of                 |                           |
| Name  | Position                 | Acquaintance             | Address & Phone No.       |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
| Salary expectation to accept this                               | s post: RM               | per month.               |                           |
| If you have any physical handica                                | ap or disability, please | e describe below:        |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
| ) Do you have any relatives or fri                              | ends that are still wor  | king at SEAMEO REC       | CSAM? Please state below: |
| ) Do you have any relatives or fri                              | ends that are still wor  | king at SEAMEO REC       | CSAM? Please state below: |
| Do you have any relatives or fri                                | ends that are still wor  | king at SEAMEO REC       | CSAM? Please state below: |
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| ) Do you have any relatives or fri                              | ends that are still wor  | king at SEAMEO REC       | CSAM? Please state below: |
| Do you have any relatives or fri                                |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
|   |                          |                          |                           |
| Have you ever been involved in                                  | any police or court ca   |                          |                           |
|   | any police or court ca   |                          |                           |
| Have you ever been involved in                                  | any police or court ca   |                          |                           |
| Have you ever been involved in                                  | any police or court ca   |                          |                           |
| Have you ever been involved in  Any other information you would | any police or court ca   | ase (if yes, please give |                           |

I hereby declare that all information given above are true and correct. I also hereby agree that RECSAM reserves the right to verify the authenticity of any information or documents stated above, including communicating with your previous employers, any individual or authority concerned. I fully understand that any false information, given intentionally or otherwise, will result in immediate termination of my service.

| Applicant's Signature |  |
|-----------------------|--|
| (Day/Month/Year):     |  |

## **Important:**

- 1. One certified true copy each of your birth and academic certificates must accompany this application; the originals should **not** be forwarded. If your originals have been lost or mislaid, please obtain authenticated duplicates or certified true copies from the issuing authorities. All attachments to your application must bear your name.
- 2. If the space provided on the form is insufficient, please write on separate sheets of paper, but the number of the item must be quoted.
- 3. Only qualified applicants will be called for interview and/or tests. Candidates who do not receive any replies **three**(3) months after the closing date may consider their applications unsuccessful.
- 4. Incomplete applications will not be considered.
- 5. Please send the completed application form with supporting documents to reach the following address before or by the closing date:

The Director
SEAMEO RECSAM
Jalan Sultan Azlan Shah
11700 Gelugor
Pulau Pinang.

- 6. Please indicate on the upper left corner of the envelope the post applied and the closing date.
- 7. Proof of posting is not proof of receipt.