

PRIVATE & CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

1. If space in this application form is insufficient, please attach an addendum.
2. Any false particulars or willful suppression of information shall render you liable to disqualification, or if appointed, to dismissal
3. * Delete where not applicable

**Recent
passport size
photograph**

POST APPLIED FOR:

PERSONAL PARTICULARS

Name: (*Mr/Mrs//Ms/Dr)			Name in Chinese	NRIC No.:	
Marital Status: *Single/Married/Separated/Divorced/Widowed			Passport Type/No.	Passport Validity Date:	
Home Address: Postal Code:			Date of Birth: (DD/MM/YY)	Age:	
Contact No.: (Home)		(Mobile)	(Office)	Nationality:	Place of Birth:
Gender: *Female/Male	Dialect:	Race :	Singapore PR : *Yes / No	Religion:	
Driving License: *Class 2A/2B/2/3/4/4A/5			Email Address :		
National Service (Period of Active Duty DD/MM/YY) From To (ORD)			Liable for Reservist Duty : *Yes/No	Blood Group:	

FAMILY PARTICULARS: (If married, please capture only immediate family details e.g. spouse and children)

Name	Relationship	Age	Occupation	Company's Name

EDUCATIONAL BACKGROUND : (Please attach copies of educational certificates and transcript)

Name of University/College/School	Country (indicate if through distance learning)	Date of Admission	Date of Leaving	Highest Standard Attained

DETAILS OF OTHER ACADEMIC OR PROFESSIONAL QUALIFICATION

Name of Institute/Agency/Membership	Description	Year

ACADEMIC SCHOLARSHIPS AND AWARDS

Sponsoring Organisation	From (MM/YY)	To (MM/YY)	Name of scholarships/Bursary Awarded	Bond (*Yes/No)

TELL US ABOUT YOURSELF

What do you enjoy doing during your free time?
Your Career Objective (in the next 5 years):
Your strengths:
Your weaknesses:

LANGUAGE PROFICIENCY

Languages	Spoken			Written		
	Fluent	Average	Slight	Good	Average	Poor

CHARACTER REFEREES

(Please provide particulars of 2 persons not related to you. They should be gainfully employed and responsible persons who know you well with regards to your characters and work performance).

Name of Referees	Contact No.	Occupation	Organisation	Years Known

PERSON TO CONTACT IN THE EVENT OF EMERGENCY

Name	Relationship	Contact No.

EMPLOYMENT HISTORY

LAST 4 EMPLOYMENTS – Starting with your most recent Job

Company Name	Nature of Business	Current Position
Description of Job		
Last Drawn Basic Salary \$	Allowances \$	Variable Bonus (Months) Fixed Bonus (Months)
Date Joined	Date Leaving	Reason for Leaving
If there is a change in position or salary, please indicate below		
<i>1st Change/Promotion</i> Date : Position :	<i>2ndC Change/Promotion</i> Date : Position :	<i>3rd Change/Promotion</i> Date : Position :

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Description of Job		
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Date Joined	Date Leaving	Reason for Leaving
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HEALTH & CHARACTER

1	Have you ever suffered or are suffering from any physical disability or illness that requires you to be on medication or for a pro-longed period?	* Yes/No
2	Have you ever been convicted or found guilty of an offence by any Court of law?	* Yes/No
3	Are you or have you ever been a declared bankrupt?	* Yes/No
4	Have you ever been suspended or dismissed from any employment?	* Yes/No
5	Have you ever applied to work with us?	* Yes/No
6	Do you know anyone working in this company or its subsidiaries?	* Yes/No
7	Do you know anyone working for any company of which its business may be in competition with this company or its subsidiaries?	* Yes/No

If Yes to any of the above questions please provide details below :

IF OFFERED EMPLOYMENT

Expected Salary: \$ _____ How soon can you commence work? : _____

DECLARATION

I certify that the information provided in this application is true and complete. I hereby declare that I have not withheld any information and understand that any false or misleading information given by me in my application will render me liable for dismissal.

I authorize you to request and receive from any of the persons or organizations referred in this application to give you any and all information concerning my employment, education or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application.

Signature of Applicant & Date

FOR OFFICIAL USE ONLY

1ST Interview Date/Time _____ Status : Shortlisted / Rejected / Selected

Interviewer/s : Names /Signatures: _____

2nd Interview Date /Time _____ Status : Shortlisted / Rejected / Selected

Interviewer/s : Names /Signatures : _____

Comments:

CONCLUSION

Start Date : _____ Reporting Supervisor : _____ Salary Offered : _____

Position : _____ Approved By : Name / Signature : _____ Date : _____