

Application For Employment

Notes: 1. Please PRINT clearly.

2. The words 'NIL' or 'NA' i.e. Not applicable should be entered where applicable. No space of this form is to be left blank

| PERSONAL PARTICU | LARS | | | | | | | | |
|--|----------|------------|---------|----------|-----------------------|-----------------------------------|---------------|---|--|
| Full name in BLOCK LETTERS (Underline Surname. If married woman, state maiden name.) | | | | | | Chinese Character (If applicable) | | | |
| Dr/Mr/Mrs/Miss/Mdm | | | | | | | | | |
| Post Applied For | | | | | | Ex | pected Salary | | |
| Address in Singapore | | | | | | | | | |
| Telephone (Home) : | | | | | (HP) : | | Sin | gapore | |
| Citizenship | NRIC 1 | NRIC No. | | | Date of Issue | | Religion | Religion | |
| Date of Birth | Countr | y of Birth | | | Race/Dialect | | | Marital status *Single/Married/Widowed/Divorced | |
| FOR FOREIGNERS OF | NLY | | | | | | | | |
| Type of Travel Document Held and Number | | | | Date o | of issue Place of iss | | issue | Date of Expiry | |
| Address in Country of C | Origin | | | I | | | | | |
| To Notify in Case of E | mergency | <i>,</i> | | | | | | | |
| Name : Relationship : | | | | Но | Home/HP Tel : | | | | |
| Address : | | | | | | | | | |
| FAMILY MEMBERS | | | | | | | | | |
| Name | | Age | Relatio | nship | Occup | ation | Nai | me of employer | |
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| Date | | | Job Title | B | asic Sala | ry & Allo | wances | Reason(s) for |
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| From | To | Name of Employer | Job Title | Startin | ıg Las | t Drawn | Other benefits | Leaving |
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| 1. | Draw below the organisation chart showing your position in your present job. |
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| 2. | Briefly describe your working experience, giving particular emphasis to the areas which are relevant to the |
| ۷. | job you are applying. |
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| 3. | What attributes do you consider as most important for the position you are applying? |
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| 4. | What are your career objectives now and in 3 to 5 year's time. |
| | (You may want to describe the type of organisation and the position you hope to attain) |
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OTHERS

| (Please answer the follow | | |
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| . 15455 41101101 1110 10110 | wing questions : | |
| 1 Have you been or are | suffering from any physical impairment or disease? | Yes/No |
| | lischarged or dismissed from the service of your previous employers? | Yes/No |
| | | |
| | convicted in a Court of Law in any country? | Yes/No |
| _ | latained by the police or any government? | Yes/No |
| 5. Do you have any relat | ives/friends presently employed by this company? | Yes/No |
| | | |
| If your answer to any of t | these questions is Yes, please give details on a separate sheet of pape | r. |
| ii yeaii aileilei te aily ei | misso questions is respectively give details on a separate ensert of paper | |
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| DECLARATION | | |
| DECLARATION | | |
| Vour application will be a | diagnalified if it is found that you have wilfully suppressed material facts. | or knowingly |
| | disqualified if it is found that you have wilfully suppressed material facts of | of Knowlingly |
| given false particulars. | | |
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| If after engagement it is | s found that you have knowingly made a false declaration on the form, th | ne company |
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| reserves the highl to telli | miate your service without house. | |
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| Date | Signature of App | olicant |
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| Remarks Applicant came to know Advertisement / | of the vacancy through : Own application / Agency / Employee / Others KIV / Not Selection | |
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