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| **EMPLOYMENT APPLICATION****Position Applied**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please fill up this form correctly and accurately. All information will be kept confidential.) |

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| Personal Particulars |
| Name (Mr/Miss/Mrs/Mdm) |
| Address |
| Tel No. | H/P No. | Email Address: |
| Date of Birth | Birthplace | Race | Sex |
| NRIC No | Religion | Citizenship | Age |
| Marital Status |  Single |  Married |  Separated  |  Divorced |  Widowed |
| If married, states spouse’s name | And occupation |
| No. of Children | Age Range |
| Parents Currently Employed Yes No | No. of Siblings  | Age Range |
| In case of emergency, notify | Name | Relationship |
| Address | Tel. No. |
| Are you Currently Serving a Bond with your Employer? Yes No | Salary Expected per Month $ |
| Other Positions for Which you May Be Qualified | Date Available  | Relatives/Associates in Company |
| Previously employed by / applied to join Company  Yes No | Date of Departure | Position |

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| Education |
| Name of School | Address | Level | From | To | Did you Graduate | Details |
| Yes | No |
|  |  | Primary |  |  |  |  |  |
|  |  | Secondary |  |  |  |  |  |
|  |  | Vocational |  |  |  |  |  |
|  |  | Polytechnic |  |  |  |  |  |
|  |  | Junior College |  |  |  |  |  |
|  |  | University |  |  |  |  |  |
|  |  | Other |  |  |  |  |  |
| Planning on Further Education Yes No  | If so Part Time Full Time | Educational Institute |
| Schedule of Lessons |
| Other Training or Special Skills | Hobbies |

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| National Service |
| FULL TIME | From | To | Type of Discharge | Vocation | Next In-Camp Training | Last Rank |
| Service Schools or Special Experience |
| PART TIME | Unit Attached  | Duration of Liability | Frequency of Duties | Last Rank |
| EXEMPTED/DEFERRED/AWAITING | Reason(s) | Period/Date of Registration |

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| Employment History |
| Name of Employer | Address of Employer | Position | From | To | Salary | Reason for Leaving |
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| Languages |
| Languages Spoken |
| Languages Written |

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| Medical History |
| Any Physical Disability? No / Yes, Please Specify  |
| Any Major Illness / Accidents in the Last Six Months? No / Yes, Please Specify |

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| References |
| Name | Address | Occupation | Contact No. | Years Known |
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| Declaration |
| I have / have never been convicted on a criminal charge.I have/ have never taken and am presently not taking illegal drugs.I hereby certify that the above information as provided by me is true, complete and accurate to the best of my knowledge.I further understand that any willful act on my part in withholding or falsifying information in this Employment Application is in itself sufficient ground for dismissal from the Company. |
|   Signature of Applicant Date |