

PLEASE
ATTACH A
RECENT
PHOTOGRAPH
HERE



EMPLOYMENT APPLICATION

(Please fill up this form correctly and accurately. All information will be kept in confidence)

Position: _____ Expected Salary: _____ Date Available: _____

FOR OFFICIAL USE ONLY			
Date:	1 st Interview @	2 nd Interview @	3 rd Interview @
Interviewer:			
Comments / Remarks:			
Conclusion:	<input type="checkbox"/> Employ / Offer S\$ <input type="checkbox"/> KIV <input type="checkbox"/> Failure <input type="checkbox"/> Refer to:		

PERSONAL PARTICULARS:						
Name:	Mr / Ms / Mrs / Mdm*			Chinese Name:		
Address:						
Tel / Fax:		Hp / Pager:		Age:		
NRIC No:	(Pink/Blue*)	Dialect:		Sex:	Male / Female *	
Citizenship:		Religion:		Race:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Spouse's Name:				Occupation:		
No. of Children:						
In emergency, to notify:	Name:			Relationship:		
Address:				Tel No:		
Are you serving bond with your present employer? <input type="checkbox"/> Yes, period ending: _____ <input type="checkbox"/> No						

IMMEDIATE FAMILY:				
	NAME	RELATIONSHIP	AGE	OCCUPATION
1				
2				
3				
4				
5				

EDUCATION:				
Level	Institution	Year Admitted	Year Graduated	Highest Qualifications Attained
Primary				
Secondary				
College				
University				
Others				
Are you planning for further education? <input type="checkbox"/> Yes, When: _____ Where: _____ Course: _____ <input type="checkbox"/> No				

LINGUISTIC ABILITIES:			
Write / Read / Speak Fluently	Write / Read / Speak Satisfactorily	Conversational Only	Dialects Spoken

OTHERS:	
Software knowledge:	
Special skills:	
Hobbies:	
Clubs / Associations:	

EMPLOYMENT:	
Have you been employed previously by / applied to join this company? <input type="checkbox"/> Yes, position: _____ <input type="checkbox"/> No	
Do you have any relatives or friends working in this company? <input type="checkbox"/> Yes, name: _____ position: _____ <input type="checkbox"/> No	
May we contact your present and / or previous employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PAST EMPLOYMENT: <i>(please start from the most recent)</i>							
	Employer	Joined On	Left On	Starting Salary	Present Salary	Position	Reasons for leaving
1							
2							
3							
4							
5							

MEDICAL & CRIMINAL HISTORY:	
Any Physical Disability / Major Illness / Accident in past 6 months?	<input type="checkbox"/> Yes, pls specify: _____ <input type="checkbox"/> No
Have you been convicted on a criminal / drug charge / jailed before?	<input type="checkbox"/> Yes, pls specify: _____ <input type="checkbox"/> No
Have you been declared for bankruptcy before?	<input type="checkbox"/> Yes, pls specify: _____ <input type="checkbox"/> No

REFERENCES:										
1	Name:		Company:		Occupation:		Tel No.		Years known:	
2	Name:		Company:		Occupation:		Tel No.		Years known:	

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 wilful act on my part in withholding information or making any false statement in this Employment Application is in itself sufficient ground for dismissal from the Company.

Signature of applicant:		Date:	
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