

EMPLOYMENT APPLICATION

Photograph

Position Applied: _____

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

Personal Particulars						
Name (Mr/Miss/Mrs/Mdm)						
Address						
Tel no		H/P No.		Pager		
Date of Birth		Birth Place		Race		Dialect
NRIC		Colour		Citizenship		Age
Sex	Religion			Driving License		Class 1 2 3 Others
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
If Married, State Spouse's Name					Occupation	
No Of Children			Occupation			
In Case of Emergency, To notify : Name					Relation:	
Address					Tel:	
Are you serving Bond with your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Position Desired	Salary Expected \$	Per Month
Other Position Which you are Qualified	Date Available	
	Previously employed by/ applied to join company <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relatives/Friends in Company	Date	Position

Education Details							
Name of school	Address	Level	From	To	Did you Graduate		Details
					Yes	No	
If there are plan for Further Education, Please State here:							
Other Training Or Skill :							
Hobbies :							

National Service						
Full Time	From	To	Type of service	Vocation	Next ICT	Last Rank
Service School or Special Experience:						
Part Time	Unit Attached To	Duration of Liability	Frequency of Duties			Last Rank
EXEMPTED/ DEFERRED/ AWAITING	Reason(s)			Period/Date of Registration		

Employment History						
Name of Employer	Address of Employer	Position	From	To	Last Drawn Salary	Reason for Leaving

Language
Language Spoken :
Language Written :

Medical History
Any physical Disability No/Yes, Please Specify :
Any Major Illness/Accident in the last Six Months? Yes / No Please Specify:

References				
Name	Address	Occupation	Salary	Years Known

Declaration
<ul style="list-style-type: none"> • I have / have never been convicted on a criminal charge. • I have / have never taken and am presently not taking drugs. <p>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 information or making any false statement in this employment application is in itself sufficient ground for dismissal from the company.</p> <p>_____ Signature of Application</p> <p>_____ Date</p>