

EMPLOYMENT APPLICATION

Instructions:

- 1) This is a standard form. All fields except (*) are mandatory.
- 2) The (*) fields are optional. You may choose not to fill in. However after the selection has been made, you must fill in all fields.
- 3) Please attach photocopies of your identity card/passport, educational transcripts and certificates, NS certificate of service (if any) and other relevant supporting documents.

POSITION APPLIED FOR	
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PERSONAL DETAILS				
Name (As in identity card/passport): Please underline surname/family name	Contact Mobile: Home: E-mail:			
Address	Address in Country of Origin (<i>For foreign applicant</i>) Contact No.:			
* Identity Card No./Passport No.:	* Date of Birth: (dd/mm/yy)	* Race:	* Religion:	* Marital Status:
Citizenship:	Permanent Resident of Singapore: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Place of Birth	Are you presently on <input type="checkbox"/> Employment Pass <input type="checkbox"/> S Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> N.A.	
NATIONAL SERVICE (Attached with supporting documents)				
Have you completed National Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Exempted, please state reason(s):		From: _____ To: _____ Rank/Unit/Copy: Vocation:		
* FAMILY BACKGROUND				
(Particulars of Parents & Sibling For Single Applicants, Particulars of Spouse & Children for Married Applicants)				
Name	Age	Relationship	Occupation	
Contact Person (In case of emergency):	Relationship:	Contact Number Mobile: _____ Home: _____ Office: _____		

Indicate 'N.A.' when necessary. Do not leave any blank.

EDUCATION (Please attached all relevant certificates)			
Name of School / Institution & Country	From	To	Qualification Obtained
LANGUAGE PROFICIENCY	Spoken		Written
	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
INFORMATION TECHNOLOGY SKILLS (Name of Computer Software, System or Language)			
MEMBERSHIP OF PROFESSIONAL INSTITUTIONS / SOCIETIES / ASSOCIATIONS			
Type of Membership	Name of professional Institutions/Societies/Associations		Year Joined
OTHER COURSE / WORKSHOPS / SEMINARS			
Name of Course / Workshops / Seminars	Qualification / Certificate (if any)		Year Attained
ECA / COMMUNITY INVOLVEMENT ACTIVITIES			
SCHOLARSHIPS / PRIZES / AWARDS			
State any scholarships you hold / have held indicating type, duration, value and bond (if any). Indicate reason for any award or prize awarded or reason for breaking bond (if any).			

Indicate 'N.A.' when necessary. Do not leave any blank.

EMPLOYMENT HISTORY (In chronological order starting with your present job)				
1) Name of Employer:		Name of direct Supervisor:		
Position Held:		Email Address:		
		Contact no: : (Off)		(Hp)
		<u>HR Department</u>		
		Email Address:		
		Contact No.:		
From:	To:	Monthly Basic Salary:	Allowance:	Bonus (No. of Months)
Reasons for Leaving:				
2) Name of Employer:		Name of direct Supervisor:		
Position Held:		Email Address:		
		Contact no: : (Off)		(Hp)
		<u>HR Department</u>		
		Email Address:		
		Contact No.:		
From:	To:	Monthly Basic Salary:	Allowance:	Bonus (No. of Months)
Reasons for Leaving:				
3) Name of Employer:		Name of direct Supervisor:		
Position Held:		Email Address:		
		Contact no: : (Off)		(Hp)
		<u>HR Department</u>		
		Email Address:		
		Contact No.:		
From:	To:	Monthly Basic Salary:	Allowance:	Bonus (No. of Months)
Reasons for Leaving:				
If you have other working experience, please indicate here:				
Name of Employer	Position Held	From	To	Monthly Basic Salary
Minimum expected salary:		Notice period required:		Earliest start date:
Basic Salary: Annual:				

Indicate 'N.A.' when necessary. Do not leave any blank.

GENERAL (If the answer is 'Yes', please give details)

- 1) Have you ever been convicted in a court or law of any country? Yes No
- 2) Have you ever been detained by the police, CID, CPIB or any other government law enforcement institution? Yes No
- 3) Are you an un-discharged bankrupt? Yes No
- 4) Have you ever been terminated, dismissed, discharged or suspended from employment? Yes No
- 5) Have you ever suffered or are you suffering from any physical disability, impairment, disease or serious illness? Yes No
- 6) Do you have any relatives/friends currently employed by the Society or do you know anyone currently employed by the Society? Yes No

Name: _____

Relationship: _____

DECLARATION

I hereby declare that the information and particulars provided above are true and correct in all aspects and I have not willfully suppressed any material fact. I understand that misrepresentation or omission of any material fact in this form will be grounds for withdrawal of an employment offer or for dismissal.

In relation to this application, I voluntarily give the Society for the Physically Disabled the right to make reference checks of my past and present employment and activities, agree to co-operate in such investigations, and release from all liability or responsibility, all persons, companies or organisations supplying such information.

Signature : _____

Date: _____