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| cid:image001.jpg@01D2CD8D.31D6F6E0 | **SPD Ability Centre** No. 2 Peng Nguan Street Singapore 168955 Tel: 6579 0700  Fax: 6323 7008 | **SPD@Jurong** Blk 337,Jurong East Ave 1, #01-1562  Singapore 600337 Tel: (65) 6665 1848 | **SPD@Toa Payoh** Blk 249, Kim Keat Link, #01-83  Singapore 310249 Tel: 6259 0669 Fax: 6251 0285 | **SPD@Tampines** Blk 866 Tampines Street 83, #01-237, Singapore 520866 Tel: 6587 7611 Fax: 6785 8516 | **SPD@Bedok** Blk 522 Bedok North Ave 1,  #01-312, Singapore 460522  Tel: 6435 0252  Fax: 66948226 |

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| **EMPLOYMENT APPLICATION** | | | | | | |
| **Instructions:**   1. This is a data collection and declaration form for the purpose of recruitment and interview matters.   All fields are mandatory and kindly indicate “NA” if not applicable.   1. **PLEASE ATTACH YOUR RESUME WITH THIS APPLICATION FORM.**   **Please bring along the originals of your identity card/passport, educational transcripts and certificates, NS certificate of service (if any) and/or other relevant supporting documents for our verification.**   1. It is your duty to ensure that the information provided is accurate to your best knowledge and that you do not leave anything out that might have the effect of making your application inaccurate, incomplete and/or otherwise misleading. | | | | | | |
| **POSITION APPLIED FOR:** |  | | | | | |
| **FULL NAME as per NRIC/Passport** |  | | | | | |
| **How did you find out about this position?** | SPD’s Website | Online Portal – NCSS Website/ Jobstreet/ JobsBank/ Others: | | | | |
| Newspapers | Referred by SPD Staff (Name: ) | | | | |
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| **EDUCATION & RELEVANT PROFESSIONAL QUALIFICATIONS**  **(Please attached all relevant certificates for verification)** | | | | | | |
| **Name of School/ Institute & Country** | | **From** (dd/mm/yyyy) | **To** (dd/mm/yyyy) | **Qualification Obtained** | | |
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| **LANGUAGE PROFICIENCY** | | | **Spoken** | | **Written** | |
|  | | | Fluent  Fair  Poor | | Fluent  Fair  Poor | |
|  | | | Fluent  Fair  Poor | | Fluent  Fair  Poor | |
|  | | | Fluent  Fair  Poor | | Fluent  Fair  Poor | |
| **OTHER CERTIFICATES/ COURSES/ WORKSHOPS/ SEMINARS** | | | | | | |
| **Name of Course/ Workshop/ Seminar** | | | **Qualification/Certificate (if any)** | | | **Year Attained** |
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| **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) |
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| **REPRESENTATIVE IN OTHER ORGANISATION/ASSOCIATION/SOCIETY**  State your role designation, organisation name and terms of service period (if any) |
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| **Current Salary** | Monthly Salary: | Annual Salary: | |
| **Expected Salary** | Monthly Salary: | Annual Salary: | |
| **Notice Period Required:** | Months | **Earliest Start Date**  (dd/mm/yyyy)**:** |  |

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| **REFEREES (Please give details of two (2) referees whom we may approach for reference check.)** | | | | |
| **(1) Referee Name:** |  | | | |
| Organisation Name: |  | | Designation: |  |
| E-mail: |  | | Contact No: |  |
| **(2) Referee Name:** |  | | | |
| Organisation Name: |  | | Designation: |  |
| E-mail: |  | | Contact No: |  |
| **I confirm that the above referees have given consent to me to provide the above information to SPD for the purpose of performing reference check.** | | | | |
| **Applicant’s Signature:** | |  | **Date:** |  |

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| **OTHERS** | | |
| 1) | Have you ever been detained by the police, CID, CPIB, any other government law enforcement institution or convicted in a court or law of Singapore or any country? (exclude parking offences)  If yes, please provide details: | Yes  No |
| 2) | Have you been or are you under any financial embarrassment which includes:   1. Bankruptcy proceedings 2. Undischarged bankrupt or a judgement debtor 3. Unsecured debts and liabilities of more than 3 months of last-drawn pay 4. Signing of a promissory note or an acknowledgement of indebtedness | Yes  No  Yes  No  Yes  No  Yes  No |
| 3) | Have you ever been discharged, suspended, dismissed or terminated by any of your previous employers?  If yes, please provide details: | Yes  No |
| 4) | Have you ever been, or are you suffering from any medical condition, illness, disease, mental or physical impairment?  If yes, please provide details: | Yes  No |
| 5) | Do you have any relatives/friends or know anyone who is/are employee(s) or board member(s) of SPD? If yes, please state below:  Name:  Relationship: | Yes  No |
| 6) | Have you had any volunteering experience? If yes, please state below:  Name of Organization:  Period:  Programme / Activities: | Yes  No |
| 7) | Are you currently serving any bond?  If yes, please provide details: | Yes  No |

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| **DECLARATION** | | | | | |
| **I,** |  | **(Applicant’s Full Name)** |  | | **(Last 4 digits of NRIC/ Passport/ Fin No.)** |
| **hereby authorise the representatives of Human Resource Department in SPD, to collect and use the information collected in this application for the purposes of recruitment and employment.** | | | | | |
| **I accept that the information will be treated with strictest confidence, and only be made available to the persons-in-charge for above-mentioned areas.**  **I hereby declare that all the information and particulars provided above to SPD are true and correct in all aspects and I have not wilfully suppressed any material fact. I understand and accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected, any offer of employment may be withdrawn, my employment with SPD may be terminated summarily or I may be dismissed from SPD.** | | | | | |
| **Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |



**LETTER OF AUTHORISATION AND CONSENT TO RELEASE OF INFORMATION**

I,  **(Applicant’s Full Name),**   **(Last 4 digits of NRIC/Passport/FIN No)** hereby authorise every person, accreditation agencies, professional societies/associations, institutions of tertiary education, licensing authorities and their appropriate sources in authority in which I have been trained or practised, to release records and information concerning my professional qualifications, license, competency, character and other information pertaining to me to the representatives of the Human Resource Department, SPD (herein referred to as “HRD-SPD”).

I authorise that the requested information and records be sent directly to HRD-SPD for their review and assessment in relation to the suitability of my employment.

**Human Resource Department**

**SPD**

No. 2 Peng Nguan Street   
SPD Ability Centre  
Singapore 168955

E-mail Address: [recruit@spd.org.sg](mailto:recruit@spd.org.sg)

I hereby release all persons from liability on account of such disclosure.

I understand and consent that this authorisation given by me shall be binding for a period of one year following its completion and that a replicate of this authorisation be accepted with the same authority as the original.

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| **Signed by**: |  | **Date:** |  |
|  | (Signature & Name) |  |  |