

PLEASE ATTACH

A RECENT

PHOTOGRAPH

HERE

EMPLOYMENT APPLICATION

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

NAME: (MR/MISS/MRS/MDM) _____

ADDRESS: _____ TEL NO. _____

Birth Date: _____ Birth Place: _____ Race: _____ Dialect: _____

NRIC No.: _____ Colour: _____ Citizenship: _____ Age: _____

Sex: _____ Religion: _____ Income Tax No.: _____

Marital Status: Single Married Separated Divorced Widowed

If Married, State Spouse's Name: _____ Occupation: _____

No. of Children: _____ Age Range: _____

In Case of Emergency, To Notify:- Name: _____ Relationship: _____

Address: _____ Tel No.: _____

Are You Serving Bond With Your Present Employer? Yes No

POSITION DESIRED: _____ Salary Expected: _____ per month

Other Positions Which You Are Qualified: _____ Date Available: _____

Previously employed by/applied to join Company: No/Yes

Relatives/Friends in Company: _____ Date: _____ Position: _____

LEVEL	NAME OF SCHOOL	ADDRESS	FROM	TO	DID YOU GRADUATE		DETAILS
					YES	NO	
PRIMARY							
SECONDARY							
VOCATIONAL							
COLLEGE							
UNIVERSITY							
OTHER							

If you Plan Further Education, Please Explain: _____

If Licensed in Profession or Trade State Kind And Where Registered: _____

Other Training Or Skills (Factory Or Office Machines Operated, Special Courses, etc): _____

Hobbies: _____

Driving License Category: _____ Own Car: Yes / No

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 To	Duration of Liability		Frequency Of Duties	Last Rank	
EXEMPTED/ DEFERRED/ AWAITING	Reason(s)				Period/Date Of Registration	

EMPLOYMENT HISTORY

May We Contact Your Present And/ Or Previous Employers

PRESENT EMPLOYMENT

Name & Address Of Employer		Employment Date		Position & Brief Description Of Duties
		Rate Of Pay		
		Starting	Present	Desire To Leave Because

ALL PREVIOUS EMPLOYMENT

Name & Address Of Employer		From	To	Position & Brief Description Of Duties
		Rate Of Pay		
		Starting	Present	Left Because
Name & Address Of Employer		From	To	Position & Brief Description Of Duties
		Rate Of Pay		
		Starting	Present	Left Because
Name & Address Of Employer		From	To	Position & Brief Description Of Duties
		Rate Of Pay		
		Starting	Present	Left Because
Name & Address Of Employer		From	To	Position & Brief Description Of Duties
		Rate Of Pay		
		Starting	Present	Left Because

LINGUISTIC ABILITY

Write/Read/Speak Fluently	Write/Read/Speak Satisfactorily	Conversational Only	Dialects Spoken
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MEDICAL HISTORY

Any Physical Disability: No/Yes, Please Specify:

Any Major Illness/Accident In Last Six Months? No/Yes, Please Specify:

REFERENCES: (1) NAME:	OCCUPATION:
ADDRESS:	TEL. NO: YEARS KNOWN:
(2) NAME:	OCCUPATION:
ADDRESS:	TEL. NO: YEARS KNOWN:

DECLARATION

I have/have never been convicted on a criminal charge.
 I have/have never taken and am presently not taking 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 information or making any false statement in this Employment Application is in itself sufficient ground for dismissal from the Company.

Signature Of Applicant

Date