

Application Form

Post Applied for: _____

*Personal Information

Name of Applicant: _____ NRIC No.: _____
Address: _____ Nationality: _____
_____ D.O.B: _____
Contact No. (HP): _____ (H): _____ Age: _____
Sex: Male/Female Marital Status: Single/Married/Divorced/Widow

*Particular of Spouse

Name: _____ Contact: _____
Address: _____

Current Employer: _____ Length of Service: _____
Appointment: _____ No. Of Children: _____

Working Experience

Name of Employer	Position	Length of Service	General Duties	Reason for Leaving



Education Qualification		
Name of School	Year Graduated	Qualification Obtained

Professional Qualification		
Name of School	Year Graduated	Qualification Obtained

Language Proficiency	
Language	Written/ Spoken/ Written & Spoken
Mandarin	
English	
Malay	
Tamil	
Dialect -	
Others -	

Knowledge in Computer Applications: Yes / No (Basic / Intermediate / Proficient)

If Yes, please
specify:



Blk 20 Woodlands Link #02-24/25/26/27 Singapore 738733 Tel: (65) 6755 8177 Fax: (65) 6755 8166
Company Reg. No.: 200300790-E

Health & Criminal Information

Have you ever been convicted in the Court of Singapore for any Offence? Yes / No

If Yes, please specify reason: _____

Current Health Status: Healthy / Unhealthy


If Unhealthy, please state illness suffered: _____

Current Condition of illness: _____

Continuous medication required? Yes / No

Are any of your immediate members suffering any form of illness? Yes / No

If Yes, please specify type of illness: _____

* Non-discriminatory, information provided for administration use only 

Expected Salary: _____

Finally, I declared that the information furnish above in my application for the appointment are true to the best of my knowledge.

Signature of Applicant

Date



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