

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

[illegible]

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:

***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