FYNO Precision Pte Ltd

Blk 20 Woodlands Link #02-26/27 Singapore 738733 Tel: 6755 8177 Fax: 6755 8166

Post Applied for :						
Name of Applicant :				NRIC NO.:		
Address:				Date of Birth:		
				Nationality :		
Age :	Contact N	o. (Home): _		(Mobile HP)		
Sex: <u>Male / Female</u>	Male / Female Maritus Status :		us: <u>Single</u> /	Single / Married / Divorced / widow		
Particular of Spouse						
Nama ·				Contact No.		
Address :						
Current Employer :						
Appointment :				Lengrth of Service :yrs		
No of Children :		_				
Working Experience						
	Position	Length of			Reason for	
<u>Name of Past Employer</u>	<u>Held</u>	<u>Service</u>	<u>General</u>	<u>Duties</u>	<u>Leaving</u>	

Educational Qualification				
Name of School Attended	<u>Year Graduated</u>	Highest Qualification Attained		

Professional Qualification				
<u>Type of Course</u>	<u>Year Graduated</u>	<u> Highest Qualification Attained</u>		

Language Proficiency			
<u>Language</u>	<u>Written</u>	<u>Spoken</u>	<u>Written & Spoken</u>
Mandarin	YES / No	YES / No	YES / No
English	YES / No	YES / No	YES / No
Malay / Indonesia Malay	YES / No	YES / No	YES / No
Tamil	YES / No	YES / No	YES / No
Dialect -	YES / No	YES / No	YES / No
	YES / No	YES / No	YES / No
	YES / No	YES / No	YES / No

Knowledge in Computer Applications :	YES / No	(Basic / Intermediate	(Proficient)
Have you ever been convicted in the Court of	f Singapore for An	ry Offence :	YES / No
If Yes, Please specify reason:			
Current Health Status: Healthy	y / Unhealthy		
if Unhealthy, please state illness suffered:			
Current condition of illness:			
Continuous medication required:	YES / No		
Is any of your immediate member suffereing	any form of illness	S: YES/No	
If Yes, Please specify type of illness:			
Expected Salary:			
I declared that the information furnish about knowledge.	ve in my applicatio	n for the appointment o	are true to the best of my
Name & Signature of Applicant		Date	