

ADDITIONAL DETAILS

WHAT ARE YOUR CAREER ASPIRATIONS AND WHY DO YOU WANT TO JOIN THE PUBLIC SERVICE?

WORK EXPERIENCE/SCHOOL ATTACHMENT/INTERNSHIP

PERIOD		NO. OF YRS	NAME OF COMPANY	DESIGNATION	BASIC SALARY PER MTH (\$)		ALLOWANCES & BONUS	REASONS FOR LEAVING
FROM (DD/MM/YY)	TO (DD/MM/YY)				STARTING	LAST DRAWN (Optional)		

ACADEMIC QUALIFICATIONS – TERTIARY/NON TERTIARY (Please attach copies of certificates)

QUALIFICATION(S) / CERTIFICATE(S) OBTAINED	INSTITUTION	PERIOD	
		FROM (DD/MM/YY)	TO (DD/MM/YY)

RESEARCH & PUBLICATIONS (including Thesis, Master’s & Doctoral Research)

TITLE	JOURNAL	DATE PUBLISHED

SCHOLARSHIP / FELLOWSHIP / BURSARY / GRANT AWARDED

NAME OF AWARD	INSTITUTION & COUNTRY	DURATION & YEAR	FIELD OF SPECIALIZATION

MEMBERSHIP OF SOCIETIES, CLUBS AND ASSOCIATIONS

ASSOCIATIONS / CLUBS / SOCIETIES	TYPE OF MEMBERSHIP	POSITION	DATE JOINED	PERIOD

LANGUAGE ABILITIES

SPOKEN	
WRITTEN	

OFFICE SKILLS

PC SOFTWARE	MS WORD / EXCEL / POWERPOINT / ACCESS		
TYPING SPEED	WPM	OTHERS	

EXPECTED REMUNERATION:

EARLIEST AVAILABLE DATE: _____

CAN WE MAKE REFERENCE TO YOUR PREVIOUS / PRESENT EMPLOYER(S)? Yes No

If no, please indicate reason: _____

CHARACTER REFEREES

Name two persons (Relatives should not be included), their addresses, telephone numbers, occupations and the period each have known you. In the case of fresh graduates applying for the post of Science Educator (Life Sciences / Physical Sciences/ Technology & Creativity), they should submit the name of an Academic Instructor from the College / University as one of the character referees.

Name		Name	
Address	Tel No.	Address	Tel No.
Employer	Occupation	Employer	Occupation
Email Add.	Year(s) Known	Email Add.	Year(s) Known

OTHER INFORMATION

1. Do you have any existing medical condition, physical impairment or substance dependence? (Dependence on alcohol, drugs, etc, excluding prescription by a certified medical professional)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have existing criminal record(s) in Singapore or overseas (excluding parking offences or spent records)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been charged with any offence in a court of law in Singapore or in any other country for which the outcome is pending (excluding parking offences)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently under police investigations in Singapore or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you an undischarged bankrupt or do you have any outstanding unsecured debts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have intention to apply for foreign citizenship/permanent residence within the next one year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you broken any bond, left an employer without serving your period of moral obligatory service or are currently serving any bond or moral obligatory service (e.g. bonds associated with scholarships or obligatory service related to training awards or no-pay leave, etc)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the questions, please provide details:

DECLARATION

- 1) I hereby give my consent to the relevant Government agencies to:
 - (a) Obtain and verify information from or with any source (including third parties) as may be deemed appropriate by the relevant Government agency for the purposes of assessing my application for employment.
 - (b) Share my personal data set out in this application form with other Government agencies for the purposes of recruitment and review of recruitment practices and for it to be also used as part of de-identified and aggregated data for reporting purposes.

- 2) I declare that all the information given by me in this application for employment and any additional documents attached hereto are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I 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 or my employment with the Service may be terminated summarily or I may be dismissed from the Service.

By signing below, I hereby certify that I have read and understood all the clauses above and that I agree to all of them.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

The interviewing panel's recommendation(s) is/are:			
<input type="checkbox"/> Offer	<input type="checkbox"/> KIV	<input type="checkbox"/> Not shortlisted, Reason: _____	<input type="checkbox"/> Recommended for other position
WITNESSED BY:			
_____ NAME	_____ DESIGNATION	_____ SIGNATURE	_____ DATE