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JOB APPLICATION FORM

INSTRUCTIONS

- The application form must be filled in accordance with the instructions on this form.
FAILURE TO COMPLY WITH THE INSTRUCTIONS MAY SERIOUSLY AFFECT THE CONSIDERATION OF THE APPLICATION.
- The Application Form must be duly completed and returned.
- ONE TRUE COPY of each of your birth and education certificates (including transcripts) and testimonials (if any) must accompany the application; the originals should NOT be forwarded but must be produced later if required. If you originals have been misplaced, please obtain authenticated duplicates of certified true copies from the issuing authorities. All attachments to your application must bear your name.
- False particulars or wilful suppression of materials facts will render you liable to disqualification, or – dismissal, if appointed, and/or appropriate legal proceeding.

POSITION (S) APPLIED FOR

POSITION RESPONDED THROUGH Advertisement Agency : _____
 Recommended by Others : _____

PERSONAL PARTICULARS

FULL NAME AS IN NRIC (Underline surname):		CHINESE CHARACTERS
ADDRESS: (Residential)		PLACE OF BIRTH: (optional) CITIZENSHIP: (optional)
NRIC / PASSPORT / FIN NO:		COLOUR: PINK / BLUE
EMAIL ADDRESS:	TEL NO (Home)	(HP)
NS PERIOD (for male) DATE OF ENLISTMENT:	ORD:	
NS PERIOD: EXEMPTED / 2 / 2.5 yrs Others: _____	DRIVING LICENCE CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

FAMILY PARTICULARS - for administration purposes

NAME (as in NRIC / Passport)	NRIC / Age	SCHOOL / COMPANY	OCCUPATION	RELATIONSHIP

EMERGENCY CONTACT

Name	Relationship
Address	Tel No. HP No.

ACADEMIC QUALIFICATIONS (Please attach copies of certificates)

SCHOOL / COLLEGE / POLYTECHNIC / UNIVERSITY / POST GRADUATE CERTIFICATE(S)	INSTITUTION	PERIOD	
		FROM (DD/MM/YY)	TO (DD/MM/YY)

EMPLOYMENT HISTORY

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		

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

PROFESSIONAL / SOCIAL MEMBERSHIP

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	

CO-CURRICULAR ACTIVITIES (Hobbies / Sports)

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EXPECTED REMUNERATION:

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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

GENERAL INFORMATION

1. Have you been or are you suffering from any physical impairment or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have a criminal record ¹ in Singapore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been convicted in a court of law in any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been discharged or dismissed from the service of the Singapore Government or of any Statutory Board in Singapore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever resigned from the service of the Singapore Government or of any Statutory Board in Singapore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you an undischarged bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details, if any, of physical impairment, disease, conviction, discharge, dismissal, resignation or bankruptcy, with regard to the preceding section.		

¹ By this, we refer to a criminal record of a conviction under the Registration of Criminal Act.

I declare that the particulars in this application and the attachments (if any) are true and correct to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

I understand that if I am employed, I shall be liable to dismissal if I am found to have given false, evasive or misleading statements in this application form.

Should my application for employment be accepted by the Company, I hereby declare that I shall at all times observe the Company’s rules and regulations and obey all instructions given by the Company.

Signature

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