



## JOB APPLICATION FORM

**CONFIDENTIAL**

<b>PERSONAL PARTICULARS</b>		Post Applied		Please affix passport size photograph here
Full Name (as in NRIC) *Dr/Mr/Mrs/Ms		Alias/Other name (if any)	Name in Chinese characters	
Home Address			Postal Code ( )	
Foreign Address (if applicable)				
Mobile Number		Email		
Home Tel Number				
*NRIC / Passport No	Citizenship		Date of Birth	
Colour of NRIC - *Pink / Blue				
Place of Birth	Gender *Male / Female		Marital Status *Single/ Married/ Divorced/ Widowed	
Race	Religion		Dialect	
Driving Licence -*Yes / No      If Yes, specify class type				

PARTICULARS OF IMMEDIATE FAMILY MEMBERS				
Name	Age	Relationship	Occupation	Name of Employer

PERSON TO CONTACT IN AN EMERGENCY		
Name	Relationship	Contact No Home                      Office HP

\* Delete as appropriate

EDUCATION / TRAINING & DEVELOPMENT				
Name of School/Institute/Country	Period		Course/Major	Highest Standard Passed (Certificate/Diploma/Degree) Attach Supporting Document
	From	To		
Scholarship/Merit Awards	From	To	Course	Content of Scholarship/Awards
Courses currently attending/ Name of Institute	From	To	Course/Major	Indicate if course is sponsored by the company

GENERAL INFORMATION			
PROFESSIONAL MEMBERSHIP (Attach supporting document)			
Name of Institute	Country	Membership type	Member since

VOLUNTEERISM			
Name of Organisation	From	To	Area of work

KNOWLEDGE OF COMPUTER SOFTWARE			
1	2	3	4

LINGUISTIC PROFICIENCY (**Tick as appropriate)						
Language/Dialect	**Spoken			**Written		
	Fluent	Fair	Poor	Fluent	Fair	Poor

HOBBIES / INTERESTS			
1	2	3	4

NATIONAL SERVICE (Please attach ORD certificate / exemption letter)			
Are you liable for reservist service: *Yes / No / Exempted			
If Yes, please provide your next reservist date: _____			
If you have completed full-time, part-time service, please indicate:			
Rank	Duties	Date Enlisted	Date Discharged

\* Delete as appropriate  
 \*\* Tick as appropriate

**EMPLOYMENT HISTORY (In chronological order, use separate sheet if space provided is insufficient)****EMPLOYER 1 ( Current / last employer )**

From	To	Name of Employer		
Job Title	Gross Salary (Last drawn)	Allowance	Others	
<b>* Major duties &amp; responsibilities</b>		<b>Major achievements</b>		

Reason (s) for leaving

**EMPLOYER 2**

From	To	Name & Address of Employer		
Job Title	Gross Salary (Last drawn)	Allowance	Others	
<b>* Major duties &amp; responsibilities</b>		<b>Major achievements</b>		

Reason (s) for leaving

**EMPLOYER 3**

From	To	Name & Address of Employer		
Job Title	Gross Salary (Last drawn)	Allowance	Others	
<b>* Major duties &amp; responsibilities</b>		<b>Major achievements</b>		

Reason (s) for leaving

**SALARY EXPECTATION / NOTICE PERIOD / JOB PREFERENCES**

Minimum expected salary per month	Notice period required	Earliest Date of Commencement
List in order of preference, other areas of work you would be interested in		
1	2	3

**CHARACTER REFERENCES**

Name	Contact No	Email Address	Occupation	Years known	Relationship

**OTHER INFORMATION**

Please **circle** the appropriate response:

1. Do you suffer from any physical impairment or disease including mental illness, deafness, handicap, etc? If yes, please give details. Yes / No  
\_\_\_\_\_
2. Do you have any obligation to your present Company in terms of bond, study loans, etc? If Yes, please give details. Yes / No  
\_\_\_\_\_
3. Have you ever been dismissed or discharged from the services of any Company? If Yes, please give details. Yes / No  
\_\_\_\_\_
4. Have you ever been convicted in a Court of Law in any country? If Yes, please give details. Yes / No  
\_\_\_\_\_
5. Have you ever been detained by the Police, CID, CPIB or any other government law enforcement institution? If Yes, please give details. Yes / No  
\_\_\_\_\_
6. Have you ever been or are you under any financial embarrassment? If Yes, please give details. Yes / No  
\_\_\_\_\_
7. Have you ever been suspended from any licence boards / institutions (eg Singapore Nursing Board, Singapore Medical Council, Singapore Pharmacy Board)? If Yes, please give details. Yes / No  
\_\_\_\_\_
8. Have you applied to Singapore Christian Home before? If Yes, please provide details. Yes / No  
\_\_\_\_\_
9. Have you worked in Singapore Christian Home before? If Yes, please provide the following details. Yes / No

From	To	Department	Job Title	Supervisor

Reason for resignation

\_\_\_\_\_

10. Do you have any relatives / friends currently employed by Singapore Christian Home? If Yes, please provide the following details. Yes / No

Name	Relationship	Department	Job Title

## DECLARATION

I, \_\_\_\_\_, NRIC / FIN Number, \_\_\_\_\_, declare that the information in this application for employment is true to the best of my knowledge and I have not willfully suppressed any material fact. I accept that if any of the information given by me in this application is any way false or incorrect, I shall be disqualified from employment or dismissed from service.

I authorise Singapore Christian Home to make reference to all my past employers on my job performance. However, reference to my current employer may only be made with my prior permission, and so long as I am still under their employment.

I fully understand that it may be necessary for Singapore Christian Home to collect/use/disclose the personal data that I have provided above for the following purposes:

- a) To assess my suitability for employment;
- b) To contact me with regards to further assessment(s) of my suitability for employment and the results of which, such as the date, time, venue, and outcome of my application, if any;
- c) To prepare financial reports and disclosure of company books, documents, records, and information (in hard or soft copy) to auditors where necessary;
- d) For use/disclosure in the process of record keeping and data management;
- e) For use/disclosure in any internal or external audit;
- f) To provide information to governmental and quasi-governmental bodies; and
- g) Any other purpose incidental to the above.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_