20 Sembawang Crescent, Singapore 757092 | tel. 6831 5161 | fax. 6831 5160 email. enquiry@schome.org.sg | website. www.schome.org.sg

JOB APPLICATION FORM

CONFIDENTIAL

PERSONAL PARTICULARS	Post	Applied					
Full Name (as in NRIC) *Dr/Mr/Mrs/	ull Name (as in NRIC) *Dr/Mr/Mrs/Ms Alias/Other name		ne (if any)	Name in Chinese characters		Please affix passport	
Home Address					size photograph here		
Postal Code () Foreign Address (if applicable)							
Mobile Number			Email				
*NRIC / Passport No	Citizenship Date of		Date of Birth	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 You	s, spec	ify class type					
PARTICULARS OF IMMEDIATE FA	MILY M	EMBERS					
Name Aç	e	Relationship	Occupation	1	Name	of Employer	
PERSON TO CONTACT IN AN EMERGENCY							
Name	,	Relationship			Contact No Home HP	Office	

^{*} Delete as appropriate

EDUCATION / TRAINING & D	EVELOPN	MENT							
Name of School/Institute/Country		Period			Course/Major	Highest Standard Passed (Certificate/Diploma/Degree)			
	- ,	From	То					orting Docume	
Scholarship/Merit Awards		From	То		Course	Content	of S	Scholarship/Aw	ards
Courses currently attending/	Name	From	То		Course/Major	Indicate	if co	ourse is sponse	ored by the
of Institute		110111			- Course/Major	compan	y		
GENERAL INFORMATION									
PROFESSIONAL MEMBERSH	IIP (Attac	h supporting	g document	t)					
Name of Institute		Country			Membership typ	е	Mei	mber since	
VOLUNTEERISM									
Name of Organisation		From			То		Δro	a of work	
Name of Organisation		110111			10		AIC	a or work	
KNOWLEDGE OF COMPUTE	D COETW	ADE							
		AKE		<u> </u>			4		
1	2		3	3			4		
LINGUISTIC PROFICIENCY (*	*Tick as a	appropriate)							
Language/Dialect			**Spo	ken				**Written	
Language/Dialect		Fluent	Fai	ir	Poor	Fluent		Fair	Poor
		•	1		<u> </u>		1		
HOBBIES / INTERESTS									
1	2		3	3			4		
NATIONAL SERVICE (Please	attach Ol	RD certificat	e / exemption	on le	tter)				
Are you liable for reservist serv			No / Exemp		· ·				
If Yes, please provide your nex	t reservist	date:							
If you have completed full-time			se indicate:		ata Fallico 2		1-	ata Dissilata	
Rank	Duties			ا ا	ate Enlisted		ں ا	ate Discharged	
* Delete as annronriate									

^{*} Delete as appropriate ** Tick as appropriate

		-	al order, use s	separate sheet if space	e provided is ins	sufficient)	
		last employer)	mlaa.u				
From	То	Name of Em	pioyer				
Job Title		Gross Salary	(Last drawn)	Allowance		Others	
	* Major dı	ıties & responsil	bilities		Major a	_ achieveme	nts
Reason (s)							
EMPLOYER From	To	Name & Add	ress of Employ	er			
Job Title		Gross Salary	(Last drawn)	Allowance		Others	
	* Major dı	ıties & responsil	bilities		Majora	achieveme	nts
	•	•			•		
Reason (s)	for leaving						
EMPLOYER							
From	То	Name & Add	ress of Employ	er			
Job Title		Gross Salary	(Last drawn)	Allowance		Others	
	* Maior du	ıties & responsil	hilities		Majora	achieveme	nts
						<u></u>	
Reason (s)	for leaving						
SALARY EX	(PECTATION	/ NOTICE PERIC	DD / JOB PREF	ERENCES			
Minimum ex	pected salary	per month	Notice pe	eriod required	Earliest D	ate of Com	mencement
List in order 1	of preference,	other areas of w	ork you would b	pe interested in	3		
CHARACTE	R REFEREN	CES	·		•		
Name			ontact No	Occupation	Years	known	Relationship

CHARACTER REFERENCES				
Name	Contact No	Occupation	Years known	Relationship

OTHE	RINFORMATION							
	Please <u>circle</u> the ap	opropriate response:						
1.	Do you suffer from a yes, please give det	any physical impairme tails.	nt or disease inclu	uding mental illne	ss, deafness, handid	cap, etc? If	Yes / No	
2.	Do you have any ob If Yes, please give o	oligation to your preser details.	nt Company in ter	ms of bond, study	loans, etc?		Yes / No	
3.	Have you ever beer If Yes, please give of	n dismissed or discharq details.	ged from the serv	ices of any Comp	any?		Yes / No	
4.	Have you ever beer	n convicted in a Court o	of Law in any cou	ntry? If Yes, plea	se 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.							
6.	Have you ever been or are you under any financial embarrassment? If Yes, please give details. Yes / N							
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.							
8.	Have you applied to Singapore Christian Home before? If Yes, please provide details.							
9.	Have you worked in	Singapore Christian F	lome before? If Y	es, please provid	e the following detai	ls.	Yes / No	
	From	То	Depar		Job Title		ervisor	
	Reason for resignat	ion						
10.	 Do you have any relatives / friends currently employed by Singapore Christian Home? Yes / No If Yes, please provide the following details. 							
	Name	Relation	onship	Depar	tment	Job Ti	tle	
					<u>.</u>			

DECL	ARA	NOIT
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I 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	