EMPLOYMENT APPLICATION FORM							
Employment Type	☐ Full Time ☐ Part Time						
Position Applied For							
Last Drawdown							
Expected Salary							
Expected Commencement Date							
PERSONAL PARTICULARS							
Full Name (as per NRIC)		Driving License					
		(Class)					
Contact Number		Email Address					
Address/Stay Area							
	EMERGENCY CONTACT PE	RSON					
Name							
Relationship							
Contact number							
	EDUCATION QUALIFICATI	ONS					
School/Institution							
Name							
Highest Qualification							
Year obtained							
	OTHER SKILLS/ CERTIFICA	TES					

	OTHER INFORMATION		
a. Do you suffer from / have you suffered from any serious medical condition which may impar your physical or cognitive abilities and affect your ability to properly perform your duties?			
		Yes / No	
	EMPLOYMENT HISTORY		
Company Name			
Position Held			
Period of Employment			
Job Responsibilities			
Company Name			
Position Held			
Period of Employment			
Job Responsibilities			
Company Name			
Position Held			
Period of Employment			
Job Responsibilities			
	WORK PERMIT HOLDER		
Work Permit No			
Date of Application			
Date of Expiry			

Dec	laration	•

- (1) I hereby give consent to my data being used for the purposes of recruitment and employment.
- (2) I declare that the information contained in this application is accurate and correct. I understand that any omission of or erroneous information may be around for dismissal.

Referred by	(Name)			(Internal / External)			
Signature:			Date:				
INTERVIEW ASSESSMENT (FOR OFFICIAL USE ONLY)							
Interview Outcome		Interviewer Name:	Interviewer Designation:	Interviewer Signature:			
Interview Outcome		Interviewer Name:	Interviewer Designation:	Interviewer Signature:			