



EMPLOYMENT APPLICATION FORM

<p>(A) POST(S) APPLIED</p> <hr/>

(B) PERSONAL PARTICULARS

Name in NRIC: *Dr / Mr / Mrs / Miss / Mdm:		Sex: *Male / Female
		Age:
Address:		NRIC No: _____ (*Pink / Blue)
Marital Status: *Single / Married / Separated / Divorced / Widowed		Date of Birth:
Telephone No: _____ (H) _____ (Hp) _____ (O) _____ (Pg)		Country of Birth:
Race: *Chinese / Malay / Indian / Others Others, pls specify _____	Singapore Permanent Resident: *Yes / No	Citizenship:
Religion: *Buddhism / Christianity / Islam / Hinduism / Others Others, pls specify _____		

(C) PARTICULARS OF PARENTS / SPOUSE / SIBLINGS / CHILDREN

Name	Relationship	Occupation	Employer

(D) EDUCATIONAL QUALIFICATIONS

School / Institution Attended (Pls fill in Chronological Order)	Country	Date Join	Date Left	Certificate Obtained

(E) PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS/OTHER EDUCATIONAL CERTIFICATES OR TRAINING UNDERTAKEN OR CURRENTLY PURSUING

School / Institution Attended (Pls fill in Chronological Order)	Country	Date Join	Date Left	Certificate Obtained

(F) WORKING EXPERIENCE (Pls fill in chronological order)

Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				
Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				
Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				
Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				
Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				
Name of Company	Position Held	Period		Reason for Leaving
		From	To	
Brief Description of Duties:				

(G) FULL-TIME NATIONAL SERVICE

Date of Enlistment	Operationally-Ready Date	Rank	Organization: SAF / SPF / SCDF	PES Grading
If you have not served NS, please state reasons for exemption/deferment/not serving:				

(H) PC SKILLS

MS Office: _____
Others: _____

(I) LANGUAGE PROFICIENCY

Spoken and Written:	Spoken:
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(J) REFERENCE

Have you any objection to reference being made to your present / previous employers?	*Yes / No
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(K) COMMENCEMENT OF EMPLOYMENT

How soon after being offered appointment could you commence employment?	
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(L) SALARY

Current / Last Drawn:	Expected:
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(M) PHYSICAL IMPAIRMENT OR DISABILITY

Give details of any illness/disease/physical impairment which you now and/or had previous including any mental illness
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(N) PREGNANCY

Are you pregnant? If yes, no of months _____	*Yes / No
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(O) SINGAPORE/INTERNATIONAL DRIVING LICENSE

Please circle the class(s) of valid license(s) you possess: 2A / 2B / 3 / 4 / 5
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(P) PLEASE ANSWER ALL QUESTIONS BY CIRCLE "YES OR NO"

1) Do you have any relatives/ friends presently working in Carls' Jr (ASPAC F&B Pte Ltd)? If yes, please provide the name and your relationship. Name: _____ Relationship: _____	*YES / NO
2) Have you ever worked in Carls' Jr (ASPAC F&B Pte Ltd)? If yes, please provide your position and date joined. Position: _____ Date Joined: _____	*YES / NO
3) Have you ever been convicted in a Court of Law in any country?	*YES / NO
4) Have you ever been detained for medical observation or charged for consumption of drug in any country?	*YES / NO
5) Have you ever been dismissed or suspended from employment?	*YES / NO
6) Are you in debt at the present date?	*YES / NO
7) Have you any obligation under promissory notes either as principal or surety?	*YES / NO
8) Are you an discharged bankrupt?	*YES / NO
9) Do you have any existing medical condition?	*YES / NO
If you answer 'YES' to any of the above questions, please give details:	

(Q) IN THE EVENT OF EMERGENCY, PLEASE CONTACT

Name _____	Telephone (Home & Mobile) _____
Address _____	_____

(R) DECLARATION

I declare that all particulars contained in this application and those in the sheets attached are true and that I have not willfully suppressed any material fact.

I understand that I will be disqualified from appointment or my service will be terminated without any notice if the said particulars are found to be untrue.

Signature of Applicant

Date

(S) OFFICIAL USE

Job Title:	Dept/Rest:	Employee No:
Date Joined:	Salary/wage:	Access Card No:
Interviewed By:	Approved By:	
Signature:	Signature	
Typhoid Innoculation _____	Bank _____	
X-ray for between 45 & 65 years old _____	Account No _____	
Pre-employment medical check-up _____		