

39 Punggol Field Walk, Singapore 828753

Telephone: 91176000 Fax: 63866703

APPLICANT DETAILS

| Position Applied for: All information provided to us is for our internal records and administrative purposes. By providing your contact details, you agree that we and any of our representatives may contact you on any matters relating to this application. | | | | | Please attach recent | |
|---|------------------|------------------|----------------------------------|--------------|-----------------------------|--|
| | | | | | passport-size photograph | |
| Personal / Fai | mily Particulars | | | | | |
| Name (as in Iden | tity Card) : | | | | | |
| | (underline | surname) | | | | |
| NRIC/FIN Numb | er: | | Gender: | □ Male | ☐ Female | |
| Citizenship: | <u> </u> | \square Others | (state na please specify) | • | | |
| Religion: | If you a | re a Christian, | pls state church: | | | |
| Home Address: | | | | | | |
| | Postal Code: | | | | | |
| | Telephone: | Har | ndphone: | | | |
| | Email: | | | | | |
| Emergency Cont | act Person: | | Rel | ationship: _ | | |
| Contact Number | •• | | | | | |

| Δ | cad | lemi | c C |)112 | lifi | cati | ۸n | ٠*. |
|---|-----|------|-----|-------------|------|------|-----|-----|
| ^ | Lau | | | <i>t</i> ua | | Lati | UII | э. |

Language Proficiency:

Written: _____

| Academic Qualifications: | | | | |
|--------------------------|--------------|---------------------------------------|--|--|
| Period of Study | | Name of School / Institution, Country | Highest Qualification Awarded (Year Awarded) | |
| From (mm/yyyy) | To (mm/yyyy) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Knowledge | e of Compute | or Software: | | |
| _ | | | | |
| | | | | |
| ٥ | | | | |

Spoken: _____

Working Experience*:

No approach will be made to your present employer without your consent.

| Period of Employment | | Job Title Name and Address of Company | Duties and Responsibilities and last drawn salary |
|----------------------|--------------|--|---|
| From (mm/yyyy) | To (mm/yyyy) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

^{*} Please use a separate attachment if space provided for is insufficient.

Other Information*:

| Ple | ease answer the following questions: | Pls Circle |
|-----|--|------------|
| 1. | Have you ever suffered, or are suffering from any medical condition, illness, disease, mental illness or physical impairment? | Yes/No |
| 2. | Have you ever been dismissed or discharged from the service of any company? | Yes/No |
| 3. | Have you ever been convicted in a court of law in any country? | Yes/No |
| 4. | Have you ever been detained by the police or any government (other than traffic violations or misdemeanours)? | Yes/No |
| 5. | Have you been or are you under any financial embarrassment i.e. (a) an undischarged bankrupt, (b) a judgement debtor, (c) have unsecured debts and liabilities or more than 3 months of last-draw pay, (d) have signed a promissory note or an acknowledgement of indebtedness? | Yes/No |
| 6. | Have you broken any bond, left an employer without serving your period of moral obligatory service or are currently serving any bond or oral obligatory service (e.g. bonds associated with scholarships or obligatory service related to training awards or no-pay leave etc.)? | Yes/No |

| If you have answered 'Yes' to any of the questions above, please give details: | | | |
|--|--|--|--|
| | | | |
| Minimum Expected Salary: | | | |
| Notice Period Required: | | | |
| Earliest Date Available (if offered appointm | ent): | | |
| Referees*: | | | |
| Please give details of two referees whom we | e may approach for references. | | |
| Name: | Company Name: | | |
| Occupation: | Contact Number: | | |
| Years Known: | | | |
| Name: | Company Name: | | |
| Occupation: | Contact Number: | | |
| Years Known: | | | |
| Please tell us why you applied for this jo | b and why you think you are the best person for this job. | | |
| Declaration: | | | |
| the best of my knowledge and I have not | ation for employment and any sheets attached hereto are true to wilfully suppressed any material fact. I accept that if any of the on is in any way false or incorrect, I may be disqualified from | | |
| Signature & Date | | | |

Your completed application form should be emailed to shine@gospellight.sg