

Application for the post of :	Date of interview <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>											

APPLICANT'S PARTICULARS	Full Name (as in identity card)				Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Photograph*
	Current Address				Contact Mobile <input style="width: 100%;" type="text"/> Office <input style="width: 100%;" type="text"/> Home <input style="width: 100%;" type="text"/>		
	Email <input style="width: 100%;" type="text"/>						
	Date of Birth <input style="width: 100%;" type="text"/>	Place of Birth	Race*	Religion*	Identity No. <input style="width: 100%;" type="text"/>		
	Nationality	If holding Singapore PR status: Date of PR: <input style="width: 100%;" type="text"/>	Passport No.		Type of Passport		
	Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced						

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Staff Code <input style="width: 100%;" type="text"/>
Commence on <input style="width: 100%;" type="text"/>
Next Review <input style="width: 100%;" type="text"/>

Name of School/College/University (state country eg. Australia)	Period		Year of Final Exam	Certificate / Diploma / Degree Attained
	from	to		

Name of Institution and Type of Course	Period		Type of Certificate Awarded
	from	to	

SKILLS	Special Courses a) Are you pursuing any professional or academic courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify _____ b) When will you sit for the examination? Please indicate the month? _____
	Computer Literacy (E=excellent G=good A=average P=poor) <input type="checkbox"/> Microsoft Office Other software applications <input style="width: 100%;" type="text"/> <input type="checkbox"/> Internet Savvy

* selection is not made on these criteria

PARTICULARS OF IMMEDIATE FAMILY	Name	Relationship	Age	Occupation	Name of Company
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT	Name	Relationship	Mobile Contact	Home Contact
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHARACTER REFEREES	Name	Address	Contact No. & Email	Profession	Years known
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION	Language Proficiency			Speak			Read			Write		
	Languages/Dialects			Fair	Average	Good	Fair	Average	Good	Fair	Average	Good
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health
 Have you or are you suffering from any acute or chronic illnesses, disease or physical handicap?
 Yes No Period
 Are you currently under medication? Yes No

Activities
 List positions of responsibility held in school, university, civic or professional organisation:

Name of Institution / Organisation	Position of Responsibility Held	Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hobbies & Interests

Names of acquaintances in our Firm

Where applicable, how many more reservist training sessions will you have to attend and when was your last attendance?	ROD Date
<input type="text"/>	<input type="text"/>

Have you ever been dismissed or suspended from any position? If yes, state when, where and reason

Name of companies with whom you have pending applications for employment. (Also give date of application)

REMUNERATION	CURRENT
	Basic Salary : \$ _____ p.m
	Bonus : \$ _____
	Commission (if any) : \$ _____
	Other Allowances : \$ _____
Notice required by employer : \$ _____ month(s)	

EXPECTATION
Salary expected : \$ _____ p.m
Career goals : _____ _____ _____

If applicable, please draw a simple chart showing your position in your current employer's organisation.

Furnish below in narrative form, a statement in which you attempt to show through your educational background and experience, why you believe you are qualified to accept the responsibilities involved in the position for which you are applying.

I hereby declare that the above statements are true and correct to the best of my knowledge and belief. If any part is found to be false before or after I am appointed, I am liable to be disqualified or summarily dismissed.

SIGNATURE: _____

DATE:

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Offer appointment as : _____

Commencement salary : _____

Approved by: _____
Partner

Date

DECLARATION

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