

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

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

**Photograph\***

**FOR OFFICIAL USE**

Staff Code  

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Commence on  

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Next Review  

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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	

**Special Courses**  Yes     No

a) Are you pursuing any professional or academic courses?  
 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:95%;" 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	<b>Language Proficiency</b>			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="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"/>

**Health**  
 Have you or are you suffering from any accurate 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	<b>CURRENT</b>
	Basic Salary : \$ _____ p.m
	Bonus : \$ _____
	Commission (if any) : \$ _____
	Other Allowances : \$ _____
Notice required by employer : \$ _____ month(s)	

<b>EXPECTATION</b>
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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