

SPD Ability Centre No. 2 Peng Nguan Street Singapore 168955 Tel: 6579 0700 Fax: 6323 7008

SPD@Jurong Blk 337,Jurong East Ave 1, #01-1562 Singapore 600337 Tel: (65) 6665 1848

SPD@Toa Payoh Blk 249, Kim Keat Link #01-83 Singapore 310249 Tel: 6259 0669 Fax: 6251 0285

**SPD@Tampines**Blk 866 Tampines Street 83, #01-237, Singapore 520866
Tel: 6587 7611 Fax: 6785 8516

SPD@Bedok Blk 522 Bedok North Ave 1, #01-312, Singapore 460522 Tel: 6435 0252

## EMPLOYMENT APPLICATION

## Instructions:

- This is a standard form. All fields except (\*) are mandatory.
   The (\*) fields are optional and you may choose not to fill in. However after the selection has been made, you must fill in all fields.
- Please attach photocopies of your identity card/passport, educational transcripts and certificates, NS certificate of service (if any) and other relevant supporting documents.
- It is your duty to ensure that the information provided is accurate to your best knowledge and that you do not willfully suppress any information. For your information, the purpose of this form is stated clearly under the 'Declaration' portion.

POSITION APPLIED FOR								
How did you find out	☐ SPD's Websi	te 🗌 ^Onl	ine Port	al - NCSS Web	osite /	JobsDB / JobStr	eet / JobsBank	
about this position?	☐ Newspaper	☐ Newspaper ☐ Refe			erred by SPD staff (Name:)			
PERSONAL DETAILS								
Full Name (As in identity card Please underline family name	d/passport):		Contac	ct No:			(Mobile)	
Trease diluciline family flame							(Home)	
				E-mail:				
Address			Address in Country of Origin (For foreign applicant)					
			Contac	et No ·				
Identity Card No:/Passport No	o.: * Date of B	rth: (dd/mm/yy)	* Race			eligion:	* Marital Status:	
Citizenship:	Permanent Resident		* Place of Birth Are			you presently on		
	of Singapore: ☐ Yes ☐ No			☐ Em Permit		Employment Pass		
NATIONAL SERVICE (Attack	hed with supporting	g documents)						
Have you completed Nationa	I Service?		From: To:					
Yes Full-Time	☐ Part-Time		Rank/Unit/Copy:					
☐ No ☐ Not Applicable Reason for exemption:	e 🔲 Exempted		Vocation:					
* FAMILY BACKGROUND	olio v For Oin ale An	-lit- Dti-		O 9 Obil	-1	f NAil- Ali-	(-)	
(Particulars of Parents & Sit	bling For Single Ap	Age	culars or	Relationship	aren 1	for Married Applic	Occupation	
Name		Age		Relationship			Occupation	
Next-of-Kin (In case of emerg	gency):	Relationship	o:			Nationality:		
		Contact No:		•	/lobile	•	(Home)	
				(0	Office)			

Indicate 'N.A.' when necessary. Do not leave any blank.

^Please delete accordingly.

EDUCATION (Please attached all relevant certificates)					
Name of School / Institution & Country	From (dd/mm/yy)	To (dd/mm/yy)	Qualif	ication Obtained	
LANGUAGE PROFICIENCY	Spoken		<u>'</u>	Written	
	☐ Fluent ☐ Fair	Poor	Fluer	nt 🗌 Fair 🔲 Poor	
	☐ Fluent ☐ Fair	Poor	☐ Fluer	nt 🗌 Fair 🔲 Poor	
	☐ Fluent ☐ Fair	Poor	☐ Fluer	nt 🗌 Fair 🔲 Poor	
INFORMATION TECHNOLOGY CVILL C (New and Com		or Longue 75\			
INFORMATION TECHNOLOGY SKILLS (Name of Com	puter Software, System o	or Language)			
MEMBERSHIP OF PROFESSIONAL INSTITUTIONS / S	SOCIETIES / ASSOCIAT	TONS			
Type of Membership	Name of	professional		Year Joined	
	Institutions/Soci	eties/Association	ns		
OTHER COURSE / WORKSHOPS / SEMINARS					
Name of Course / Workshops / Seminars	Qualification / 0	Certificate (if any	)	Year Attained	
ECA / COMMUNITY INVOLVEMENT ACTIVITIES					
SCHOLARSHIPS / PRIZES / AWARDS					
State any scholarships you hold / have held indicating ty					
Indicate reason for any award or prize awarded or reason for breaking bond (if any).					

Indicate 'N.A.' when necessary. Do not leave any blank.

EMPLOYMENT HIS	TORY (In chronologi	cal order, starti	ing with yo	ur present job)				
1) Name of Employe	r:		Name of direct Supervisor:					
			Email Add	dress:				
Position Held:			Contact n	o: :	(Hp)			
	HR Department							
			Email Add	dress:				
			Contact N	lo.:				
From (dd/mm/yy):	To (dd/mm/yy):	Monthly Basic	: Salary:	Allowance:		Bonus (No. of Months)		
Reasons for Leaving	<u> </u>	<u> </u>						
2) Name of Employe	r:		Name of o	direct Supervisor:				
			Email Add	dress:				
Position Held:			Contact n	o: :	(Off)	(Hp)		
			HR Depai	rtment				
			Email Add	Email Address:				
			Contact N	Contact No.:				
From (dd/mm/yy):	To (dd/mm/yy):	Monthly Basic Salary:		Allowance:		Bonus (No. of Months)		
Reasons for Leaving	<u> </u> 	<u>. I</u>						
3) Name of Employe	r:		Name of direct Supervisor:					
			Email Address:					
Position Held:			Contact no: : (Off) (Hp)					
			HR Department					
			Email Address:					
			Contact N	lo.:				
From (dd/mm/yy):	To (dd/mm/yy):	Monthly Basic	: Salary:	Allowance:		Bonus (No. of Months)		
Reasons for Leaving:								
If you have other w	orking experience, p	lease indicate h	nere:					
Name of Employer P		Position	Held	From (dd/mm/yy)	To (dd/mm/yy)	Monthly Basic Salary		
Minimum Expected Salary Basic Sala		Basic Salary:	: Annual:					
Notice Period/Earliest Start Date Notice		Notice Period	d Required: Earliest start date (dd/mm/yy):					

Indicate 'N.A.' when necessary. Do not leave any blank.

OII	HERS	
1)	Have you ever been detained by the police, CID, CPIB, any other government law enforcement institution or convicted in a court or law of Singapore or any country? (exclude parking offences)	☐ Yes ☐ No
	If yes, please provide details:	
2)	Have you been or are you under any financial embarrassment which includes:  (a) Bankruptcy proceedings  (b) Undischarged bankrupt or a judgement debtor  (c) Unsecured debts and liabilities of more than 3 months of last-drawn pay  (d) Signing of a promissory note or an acknowledgement of indebtedness	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
3)	Have you ever been discharged, suspended, dismissed or terminated by any of your previous employers?	☐ Yes ☐ No
	If yes, please provide details:	
4)	Have you suffered, or are you suffering from any medical condition, illness, disease, mental or physical impairment?	☐ Yes ☐ No
	If yes, please provide details:	
5)	Do you have any relatives/friends or know anyone who is/are employee(s) or board member(s) of SPD? If yes, please state below:	☐ Yes ☐ No
	Name: Relationship:	
DE	CLARATION	
I, _	(Applicant's Full Name),(NRIC/F horise the representatives of the Human Resource Department in SPD, to collect and use the	Passport/FIN No) hereby
	elication form for the following purposes:	information concoted in this
	) Assess suitability of applicants for the applied job in SPD.	
	Carry out reference checks with my previous and current employers.  May we write to the following for a reference?	
	Carry out reference checks with my previous and current employers.	
3	Carry out reference checks with my previous and current employers.  May we write to the following for a reference?  a. Your present employer	
3	Carry out reference checks with my previous and current employers.  May we write to the following for a reference?  a. Your present employer	•
l ac	Carry out reference checks with my previous and current employers.  May we write to the following for a reference?  a. Your present employer	g. WICA claims etc;
I ac abo I he not app	May we write to the following for a reference?  a. Your present employer	g. WICA claims etc; le to the persons-in-charge for rrect in all aspects and I have rmation given by me in this
I ac abo I he not app em	May we write to the following for a reference?  a. Your present employer  b. Your previous employer(s)    Yes   No	g. WICA claims etc; le to the persons-in-charge for errect in all aspects and I have ermation given by me in this entering by the symmetry of