



St Joseph's Home
36 Jurong West Street 24, Singapore 648141
Tel: (65) 6268 0482 Fax: (65) 6268 4787
Email: career@stjh.org.sg
Website: www.stjh.org.sg

Recent Passport
Sized
Photograph

APPLICATION FOR EMPLOYMENT

| |
|-----------------------------|
| POSITION APPLIED FOR |
|-----------------------------|

| |
|---|
| <u>Important: Compliance with Guidelines for the Protection of Personal Data</u> |
| In filling this form, I consent to: |
| a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction (“Processing”) of the personal data provided by me in this Form; |
| b) St Joseph’s Home processing my Personal Data for the purpose of my employment or for the purpose of a contractual relationship with it. |

| | | | |
|---|--------------------------------------|--------------------------|--|
| PART I PERSONAL PARTICULARS | | | |
| Name (As in NRIC, Underline Surname) | | Aliases (if any) | |
| Address | | Email: | Contact No: Home: Office: Mobile: |
| NRIC (last 3 digits & checksum eg Sxxxx567/A) | Colour of NRIC *Pink / Blue (SPR) | Nationality: | Marital Status |
| Date of Birth | Place of Birth | Dialect speaking | Religion |
| Driving Licence Class/es: | | Income Tax Reference No: | |

| | | | |
|---|---------------------|--------------------------------|--------------------------------|
| FOR COMPLETION BY NON-CITIZENS | | | |
| Status in Singapore *Permanent Residence/Employment Pass/Work Permit/Dependent Pass/Visit Pass/Others, please state: _____ | | | |
| Type of Travel Document | Travel Document No. | Date of Travel Document Issued | Expiry Date of Travel Document |
| Address in Country of Origin | | | |

| PART II FAMILY DETAILS | | | |
|--|--------------|--------------|--|
| Particulars of Parents & Siblings (For Single Applicant) | | | |
| Particulars of Spouse & Children (For Married Applicant) | | | |
| Name | Age | Relationship | Company & Occupation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Emergency contact person | Relationship | Address | Contact No. Home: Office: Mobile: |
| Email: | | | |

* Delete where applicable

| PART III EDUCATIONAL DETAILS | | | |
|-------------------------------------|------|----|------------------------|
| (a) Tertiary/Education | | | |
| Name of Institution/School | From | To | Qualification Attained |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Language Proficiency (Tick as appropriate) | | | | | | |
|---|--------|------|------|---------|------|------|
| Languages/Dialects | Spoken | | | Written | | |
| | Fluent | Fair | Poor | Fluent | Fair | Poor |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| SPECIAL SKILLS/COURSES ATTENDED OR PURSUING |
|--|
| 1. PC skills (specify) : |
| 3. Other Certified Competency : |

| PART IV EMPLOYMENT HISTORY (Beginning with most recent employer) | | | | | |
|---|----|----------------------|---------------|--------------|------------------------|
| From | To | Name of Organisation | Position Held | Basic Salary | Reason (s) for Leaving |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| PART V NATIONAL SERVICE (Attached with supporting documents) | |
|---|---|
| Have you completed National Service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Details | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Exempted, please state reason(s): _____ |

| |
|--|
| How did you come to know about the job? |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referral/Others, please state: _____ |

| PART VI OTHER INFORMATION (Tick as appropriate) | |
|---|--|
| 1. Do you presently suffer or have you ever suffered from any physical impairment, medical condition or disease, etc? If yes, please specify : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you serving any bond with your present employer? If yes, please specify. : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have any relatives/friends currently employed by NCSS? If yes, please specify. : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been dismissed or discharged from the services of any company? If yes, please specify. : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been convicted in a court of law in any country? If yes, please specify. : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have any objections to a reference check with present/previous employer (s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever been declared a undischarged bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| SPORTS/HOBBIES: | | | | |
|--|--------------|-------------|------------|-------------|
| PART VII REFERENCES (To be completed) | | | | |
| Name | Organisation | Contact No. | Occupation | Years Known |
| 1. | | | | |
| 2. | | | | |

| | | |
|-------------------------|------------------------|---------------------|
| Minimum expected salary | Notice period required | Earliest start date |
|-------------------------|------------------------|---------------------|

| | |
|--|---------------|
| Part VII DECLARATION | |
| <p>I understand that any false statement made by me on this application or any supplement thereto shall be sufficient ground for disqualification or dismissal if appointed. The wilful suppression of any material facts will be similarly penalized.</p> | |
| _____ Signature of Applicant | _____ Date |

| | | | |
|---|------------------------------|---|-----------------------------------|
| PART IX HUMAN RESOURCE DIVISION USE ONLY | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> KIV | <input type="checkbox"/> Shortlisted for 2 nd interview | <input type="checkbox"/> Rejected |
| Appointment | : | _____ | |
| Division / Department | : | _____ | |
| Proposed Date Joined | : | _____ | |
| Proposed Salary | : | _____ | |
| | : | _____ | |
| Proposed Job Grade | : | _____ | |
| Probation | : | _____ | |
| Remarks | : | _____ | |
| Proposed By | | Approved By: | |
| _____ | | _____ | |
| HR Representative (Name/Signature) | | Executive Director (Name/ Signature) | |
| _____ | | _____ | |
| Date | | Date | |