

## JOB APPLICATION FORM

### COMPLETION OF APPLICATION FORM

- All sections of the form must be completed by filling in the blank spaces. If any section does not apply to you, please put NA
- This form has been designed to provide us with the basic information for easy processing of your application for employment with us. It also serves as our personal record should you be employed.

| APPLICATION INFORMATION                       |                                                                                                                                                                                                           |                  |               |                                    |         |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|------------------------------------|---------|
| Position Applied For                          |                                                                                                                                                                                                           |                  |               | Expected Salary                    |         |
| Where did you get to know about this vacancy? |                                                                                                                                                                                                           |                  |               |                                    |         |
| PERSONAL INFORMATION                          |                                                                                                                                                                                                           |                  |               |                                    |         |
| Applicant's name<br>(As in NRIC/Passport)     |                                                                                                                                                                                                           |                  |               | Preferred Name                     |         |
| Residential status                            | <input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Foreigner<br><i>If you are a foreigner, please specify the type of Singapore pass you are holding:</i><br>_____ |                  |               | NRIC/FIN                           |         |
| Nationality                                   |                                                                                                                                                                                                           |                  |               | Gender                             |         |
| Date of Birth                                 |                                                                                                                                                                                                           |                  |               | Religion                           |         |
| Highest Qualification                         |                                                                                                                                                                                                           |                  |               | No. of Years of Working Experience |         |
| Passport No.                                  |                                                                                                                                                                                                           |                  |               | Place & Date of Issue              |         |
| Singapore Address                             |                                                                                                                                                                                                           |                  |               | Postal Code                        |         |
| Overseas Address<br>(For Foreigners only)     |                                                                                                                                                                                                           |                  |               |                                    |         |
| CONTACT INFORMATION                           |                                                                                                                                                                                                           |                  |               |                                    |         |
| Complete Address:                             |                                                                                                                                                                                                           |                  |               |                                    |         |
| Contact Number:                               |                                                                                                                                                                                                           |                  | Email Address |                                    |         |
| PERSON TO CONTACT IN CASE OF EMERGENCY        |                                                                                                                                                                                                           |                  |               |                                    |         |
| Name                                          |                                                                                                                                                                                                           |                  | Relationship  |                                    |         |
| Address                                       |                                                                                                                                                                                                           |                  |               |                                    |         |
| Mobile No.                                    |                                                                                                                                                                                                           |                  | Home Tel. No. |                                    |         |
| Office Tel. No.                               |                                                                                                                                                                                                           |                  | Email address |                                    |         |
| FAMILY PARTICULARS                            |                                                                                                                                                                                                           |                  |               |                                    |         |
| Name                                          | Relationship                                                                                                                                                                                              | Nationality      | Age           | Occupation                         | Company |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
| EDUCATIONAL PROFILE                           |                                                                                                                                                                                                           |                  |               |                                    |         |
| Name of School / Institution / Country        | From<br>(DD-MM-YY)                                                                                                                                                                                        | To<br>(DD-MM-YY) | Course        | Highest Qualification              |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |
|                                               |                                                                                                                                                                                                           |                  |               |                                    |         |

**OTHER COURSES CURRENTLY PURSUING**

| Course | Start Date | Expected year of completion |
|--------|------------|-----------------------------|
|        |            |                             |

**EMPLOYMENT HISTORY**

| From<br>(DD/YY) | To<br>(DD/YY) | Company & Country | Position | Last Withdrawn<br>Salary | Other<br>allowances | Reason for<br>Leaving |
|-----------------|---------------|-------------------|----------|--------------------------|---------------------|-----------------------|
|                 |               |                   |          |                          |                     |                       |
|                 |               |                   |          |                          |                     |                       |
|                 |               |                   |          |                          |                     |                       |

**ADDITIONAL INFORMATION**  
 (e.g. Membership of club, Professional body)

|  |
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|  |
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**DECLARATION**

|                                                                                                                                                                 |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Have you been or are you suffering from any disease/major medical condition/mental illness or physical impairment?<br><br>If yes, please give details: _____ | <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |
| 2. Have you been discharged or dismissed from the service of your previous employers?<br><br>If yes, please give details: _____                                 | <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |
| 3. Have you been convicted in a Court of law in any country or any ongoing legal proceedings?<br><br>If yes, please give details: _____                         | <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |
| 4. Have you been served with a Garnishee Order by any organisation or been declared a bankrupt?<br><br>If yes, please give details: _____                       | <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |
| 5. Have you any relatives and/or friends who have worked or are working in HFSE International School?<br><br>If yes, please give details: _____                 | <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |

**CHARACTER REFERENCES**

| Name | Email Address | Contact No. | Occupation & Company | Relationship to<br>Applicant | Years<br>Known |
|------|---------------|-------------|----------------------|------------------------------|----------------|
|      |               |             |                      |                              |                |
|      |               |             |                      |                              |                |
|      |               |             |                      |                              |                |

☐ I hereby declare that all the particulars given herein are true and correct, and I have not willfully suppressed any material fact.

☐ I hereby give consent to collection, use and disclosure of my personal data by the company for the purpose of the processing and administration by the company relating to this attached job application.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR SUCCESSFUL APPLICANTS**

|                                                |                                                                                                                                                    |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Document submission and verification</b> | a. NRIC/FIN<br>b. Passport<br>c. Transcript of records<br>d. Diploma/Completion Certificates<br>e. Employment Certificate<br>f. References details |
| <b>2. Job Offer</b>                            | Issued: _____<br>Signed: _____<br><b>On-Boarding date:</b> _____                                                                                   |

For unsuccessful candidates, HR must send notification.

Notification Date: \_\_\_\_\_