



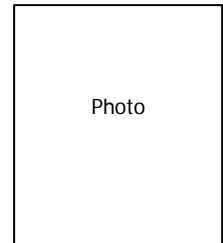
Girl Guides Singapore

Girl Guides Singapore
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EMPLOYMENT APPLICATION FORM

Position Applied For : _____

Date & Source of Advert : _____



**Please fill in all fields, unless not applicable*

PERSONAL DETAILS					
Full Name			Title Ms/Mrs/Mdm/Mr*	Sex	NRIC
Date of Birth	Place of Birth		Marital Status		Nationality
Ethnic Group		Dialect Group		Religion	
Home Address		Home Tel		Mobile No	
		Email			

EDUCATION					
Level	From - To	Schools/Institutions Attended	Country	Subject/ Course	Qualification Attained For Honours Deg, state class
Primary					
Secondary					
College					
Tertiary					
Post-graduate/ Others*					
Post-graduate/ Others*					

EMPLOYMENT HISTORY					
From - To	Company Name	Address	Position Held	Starting & Last Drawn Salary	Reason for Leaving
Earliest Commencement Date if Appointed				Expected Salary	
Resignation Notice Period				Typing Speed	

LANGUAGE PROFICIENCY				
Languages	Spoken (Good/Fair/Poor)	Written (Good/Fair/Poor)	Dialect	Spoken (Good/Fair/Poor)

COMPUTER PROFICIENCY (Please list name of software according to your level of proficiency in the columns below.)		
Proficient	Good	Have some knowledge

ACTIVITIES				
Year	Membership of Club, Society, Association, Professional Bodies, Guiding Activities	Position Held	Year	Sports/Games

FAMILY PARTICULARS				
Relationship	Full Name	Date & Place of Birth	Occupation & Company/School Name	Home Address
Father				
Mother				
Spouse				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				

Person to contact in case of emergency (Name, Relationship & Contact number) :

CHILDREN'S PARTICULARS			
Number of Children: _____			
Full Name	Date of Birth	Sex	Occupation & Company/School Name

FURTHER INFORMATION					
Do you own a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you hold a driving license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you related to anyone in GGS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name		
Have you ever been convicted in a court of law of any country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever had, or are you suffering from any - physical impairment?	<input type="checkbox"/>	<input type="checkbox"/>			
- disease?	<input type="checkbox"/>	<input type="checkbox"/>			
- mental illness?	<input type="checkbox"/>	<input type="checkbox"/>			
- medical condition?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had any surgical operation previously?	<input type="checkbox"/>	<input type="checkbox"/>			

REFERENCES					
Name 2 referees (non-family members) in responsible positions, who will be able to comment on your suitability for the position applied.					
Name	Address	Contact No	Email	Occupation	Years Known

DECLARATION	
<p>I authorize investigation of all statements contained in this record of my qualifications. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the Association's service if I have been employed. I understand that employment is subject to Medical Examination in which my health must be found to be satisfactory.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

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