



SPCO Group of Companies

JOB APPLICATION FORM

Position Applied For: _____

PERSONAL INFORMATION

Name (as in NRIC or passport): _____
(Please underline surname)

I am a (tick one): Singapore Citizen Singapore Permanent Resident
 Foreigner requiring a pass to work in Singapore

Address: _____
_____ Postal Code: _____

Contact No.: _____ Email address: _____

Place of Birth: _____ Nationality: _____

D.O.B: ____/____/____ Gender: F / M Race: _____

NRIC/FIN No.: _____ Religion: _____

Marital Status: _____ Age: _____

FAMILY PARTICULARS

Name	Relationship	Age	Occupation	Company



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ACADEMIC QUALIFICATIONS

Date		Schools/Institutions Attended	Qualifications Obtained ('O'/'A' Levels, Diploma, Degree)	Subjects/Grades
From	To			

OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED

Date		Qualifications / Awards Obtained	Awarding Institution
From	To		

EMPLOYMENT HISTORY

Date		Firm/Institution (in chronological order)	Position Held	Reason(s) for Leaving	Last Drawn Salary
From	To				



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LANGUAGE PROFICIENCY

Language	Spoken	Written
	Fluent / Fair / Slight	Fluent / Fair / Slight
	Fluent / Fair / Slight	Fluent / Fair / Slight
	Fluent / Fair / Slight	Fluent / Fair / Slight
	Fluent / Fair / Slight	Fluent / Fair / Slight

DETAILS OF CURRENT EMPLOYMENT

Present Employer: _____ Designation: _____

Present monthly salary: _____ Bonus: _____

Key Responsibilities: _____

Notice required (to end present employment): _____ (weeks)

Reason for leaving: _____

EXPECTED MONTHLY SALARY: \$ _____

DATE OF AVAILABILITY : _____ (DAYS / WEEKS / MONTHS)

REFEREES

1. Name: _____ Designation: _____

Organisation Name: _____

Contact No.: _____ Email Address: _____

2. Name: _____ Designation: _____

Organisation Name: _____

Contact No.: _____ Email Address: _____



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REASON(S) FOR APPLYING FOR THIS JOB

GENERAL

(please circle)

Are you bound by any bond to serve the government, any statutory body or organization?	YES	NO
If yes, please give details.		
Have you suffered from any physical impairment and/or medical disability?	YES	NO
If yes, please give details.		
Have you ever been treated for drug and/or alcohol abuse?	YES	NO
If yes, please give details.		
Have you ever been convicted in a court of law?	YES	NO
If yes, please give details.		
Have you ever been dismissed from the service of any previous employer(s)?	YES	NO
If yes, please give details.		

DECLARATION

I, declare that all information given and questions answered by me are to my best knowledge true and correct and that I have not wilfully suppressed any material fact (understand that I, shall be liable to immediate dismissal if it is found that I have made a false declaration in this application form)

I, understand that a strict medical examinations is a condition precedent to select for appointment and I express my willingness to be examined (if required) and to furnish the consulting physician with full details of my previous medical history

Signature: _____

Date: _____