



APPLICATION FOR EMPLOYMENT

For HR use
Employee No: _____
Start date: _____

CONFIDENTIAL

1. Please complete this form **clearly** and **neatly**.
2. Copies of supplementary documents required:
 - National Registration Identification Card (NRIC)
 - Educational Certificates
 - Testimonials from educational institutes and/or previous employers
 - Passport (if foreigner)
 - Marriage certificate (if applicable)
 - Child birth certificate (if applicable)

Affix a recent
passport-sized
photograph here

POSITION APPLIED FOR _____

Part 1. PARTICULARS OF APPLICANT			
Full Name (per NRIC): Mr/Mrs/Miss/Mdm			
Alias			
Name in Chinese Characters (if applicable)			
Address (in Singapore)			
Address in Country of Origin (for foreigners only)			
Email Address			
Class of Driving Licence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2B <input type="checkbox"/> 2A <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4A <input type="checkbox"/> 5		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Date of Birth (ddmmyy)		Age	
Place of Birth		Nationality	
NRIC No.		Passport No.	
Blood Group		No. of Children (If Applicable)	
Contact No. (Home)		Contact No. (Mobile)	
Religion		Dialect Group	
NATIONAL SERVICE STATUS			
<input type="checkbox"/> Not applicable <input type="checkbox"/> Not registered <input type="checkbox"/> Serving <input type="checkbox"/> Completed <input type="checkbox"/> Exempted			
From _____ To _____	Company/Unit		
Rank	Last Pay		
IN CASE OF EMERGENCY, PLEASE NOTIFY			
Name	Contact No. (Home)		
Relationship	Contact No. (Mobile)		
Address			

PARTICULARS OF APPLICANT'S SPOUSE			
Name			
Contact No. (Mobile)		Contact No. (Office)	
NRIC No.		Occupation	

2. PARTICULARS OF FAMILY MEMBERS			
Name	Relationship	Age	Employer/Occupation

3. LANGUAGES & DIALECTS	
SPOKEN LANGUAGES	WRITTEN LANGUAGES
<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil
<input type="checkbox"/> Others, please specify	<input type="checkbox"/> Others, please specify

4. EDUCATIONAL DETAILS			
TRAINING RECORD (EG. VITB/Commercial/Professional Courses/Food Hygiene Course, etc)			
Name of Course	Period of study		Organizer
	From	To	
TERTIARY AND PROFESSIONAL QUALIFICATIONS			
Qualification Obtained	Period of study		Name of University/Institute
	From	To	
PRIMARY & SECONDARY EDUCATION			
Qualification Obtained	Period of study		Name of Schools/Colleges Attended
	Start Date	End Date	
GCE 'A' LEVEL / STPM			
GCE 'O' LEVEL / SPM			
GCE 'N' LEVEL /SRP/ PMR			
PSLE – Primary			

5. CURRENT & PREVIOUS EMPLOYMENT (most recent first)					
Period		Name of Company	Position held	Last Drawn Salary	Reason for Leaving
From	To				

6. REFERENCES (person of good standing, except relatives)				
Name	Relationship	Yrs known	Occupation/Employer	Contact

7. OTHER INFORMATION			
1. Do you have any relatives/friends working in The American Club? If yes, please state			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	Position	Department
2. Are you a Member of any Club, Society and Association? If yes, please state.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Clubs, Society and/or Association	Position Held	Year	
3. Have you ever been dismissed or terminated from service?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a bankrupt or discharged bankrupt?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted or detained under court of law?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have other sources of income? If yes, please state.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any serious/long term/contagious illness and/or disease?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are not selected for the job you are applying, would you like to be considered for any other positions? If so, what are they?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you able and willing to work shifts if the nature of your job requires you to do so?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If selected, when can you start work?			
11. Expected starting salary			

8. APPLICANT'S DECLARATION

I hereby declare that all the particulars given by me in this application form are true and correct. I authorize investigation on all statements contained in this record of my qualifications and background if I am offered employment. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of The Club's offer of employment or dismissal from The Club's service if I have been employed. I understand that confirmation of employment is subject to a physical examination by The Club's appointed doctor to determine my fitness for employment with this organization.

_____ (Signature) _____ (Date)