

# JOB APPLICATION FORM

## **Name/Address**

Full Name				Sex: Male Female
Date of birth	I.D. card No	Issued at	Issued on	Marital Status
Number of Children		DOB		DOB
Permanent Address			Provisional Address	
Telephone			Telephone	
Father's Name			Occupation	
DOB	Alive	Y	N	
Mother's Name			Occupation	
DOB	Alive	Y	N	
Foreign Languages		English	Chinese	Others:
Who recommended you to us?				
Have you ever applied to our Company before?			When	

## **Desired Employment**

*First choice*

Position	Date you can start	Expected income
----------	--------------------	-----------------

*Second choice*

Position	Date you can start	Expected income
----------	--------------------	-----------------

## **Education**

<b>University/College</b>	Name & Location of School	
<b>Undergraduate</b>	Years Attended	Date Graduated
	Diploma or Degree	Grade Completed
<b>University/College</b>	Name & Location of School	
<b>Graduate</b>	Years Attended	Date Graduated
	Diploma or Degree	Grade Completed

### ***Employment History***

Employer	Job Title/s held/ Period held
Address	Duties
Phone	Salary
Nature of Business	
No. of Months/Years Employed	Reason for Leaving

### ***Physical Record***

Have you ever been injured? Yes                      No	Provide details
Do you have any physical or mental problem? Yes                      No	Provide details

### ***Person to be notified in case of emergency***

Name	Occupation
Address	Relationship
Phone	

### **Reference**

---

---

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this company.

Signature \_\_\_\_\_

Date \_\_\_\_\_