APPLICATION FOR EMPLOYMENT

# POSITION APPLIED FOR:

# Click or tap here to enter text

*Insert Photo ⇨*



**1. GENERAL**

|  |  |  |
| --- | --- | --- |
| (a) | Name Click or tap here to enter name. | |
| (b) | I.C. No Type IC number here | Gender Select |
| (c) | Date of Birth Select date | Citizenship Type here |
| (d) | Place of Birth Type here | Hometown Type here |
| (e) | Address Type full address here | |
|  | Postcode Type postcode here | |
| (g) | Phone (House) Type number | Mobile Type number |
| (h) | Email Address Type email address | |
| (i) | Social Media (Facebook / Instagram) Type account name. | |

**2. FAMILY**

1. Marital Status:  Married  Single
2. If Married, Full Name of Spouse: Click or tap here to enter name
3. Employment of Spouse (give name and address of employer and position held)
4. Details of Children

|  |  |  |
| --- | --- | --- |
| Name | Gender | Date of Birth |
| Click or tap here to enter name | Select | year |
| Click or tap here to enter name | Select | year |
| Click or tap here to enter name | Select | year |
| Click or tap here to enter name | Select | year |
| Click or tap here to enter text. | Select | year |

1. If you are Single, Next of Kin

|  |  |
| --- | --- |
| Name Click or tap here to enter name. | Relationship type relationship |
| Address Click or tap here to enter address. | |
| Phone Number Click or tap here to enter number. | |

**3. EDUCATION / QUALIFICATION** (Please attach photocopies)

|  |  |  |
| --- | --- | --- |
| Institution | Year | Cert / Dip / Degree |
| Click or tap here to enter text. | year | enter text. |
| Click or tap here to enter text. | year | enter text. |
| Click or tap here to enter text. | year | enter text. |
| Click or tap here to enter text. | year | enter text. |

**4. MEDICAL** (Please give details of yourself with dates)

1. Major Surgery: Please describe here
2. Serious Illness: Please describe here
3. Treatment for Mental / Emotional Sickness: Please describe here
4. Any Handicap: Please describe here
5. Are you or any of your family members currently receiving any form of regular medical / surgical / psychiatric treatment?  Yes  No

If yes, please give details: Please describe here

**5. EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Employer | Position | Salary |
| Year | Name of Employer | State Position | Amount |
| Year | Name of Employer | State Position | Amount |
| Year | Name of Employer | State Position | Amount |
| Year | Name of Employer | State Position | Amount |

1. If you are called for an interview, are you able to bring a testimonial from your present employer?  Yes  No
2. If the answer is NO, please give reasons: State reasons here

**6. PERSONAL**

1. What languages / dialects do you speak?

Fluently: Type here

Moderately: Type here

1. What languages can you read / write?

Fluently: Type here

Moderately: Type here

1. Do you hold a current Driving License?

For Car:  Yes  No

For Motor Bike:  Yes  No

Do you own a Car / Motor Bike?  Yes  No

1. What are your Hobbies / Games? List here
2. Social / Community Involvement

|  |  |  |
| --- | --- | --- |
| Organisation / Society | Role / Activity / Event | Dates |
| Click or tap here to enter text. | Describe role | Year |
| Click or tap here to enter text. | Describe role | Year |
| Click or tap here to enter text. | Describe role | Year |
| Click or tap here to enter text. | Describe role | Year |

1. Have you had any involvement / contact with people with disabilities?

No  Yes If yes, please state briefly: Click or tap here to enter text.

1. Have you experienced any great family / emotional crisis?  Yes  No

If so, please briefly give

|  |  |
| --- | --- |
| Details | Date |
| Click or tap here to enter text. | Year. |
| Click or tap here to enter text. | Year. |
| Click or tap here to enter text. | Year. |
| Click or tap here to enter text. | Year. |

1. State briefly what you consider to be your

Strengths: Type here

Weaknesses: Type here

**7. APPLICATION TO ASIA COMMUNITY SERVICE**

1. Reasons for applying to Asia Community Service

Type here

1. Why do you consider yourself to be suitable for this post?

Type here

1. If appointed, what is your expected salary?

Type here

1. If appointed, how long do you expect to stay in this new post?

Type here

**8. REFEREES** (Give the names of two persons, well known but not related to you who are willing to be your Referees)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Email Address | Tel No |
| 1 | Click or tap here to enter text. | Type email here | enter |
| 2 | Click or tap here to enter text. | Type email here | enter |

Signed:Click or tap here to enter text. Date: Today’s date

All information given in this application will be treated as confidential.

Please return this form to [acspenang@gmail.com](mailto:acspenang@gmail.com)