



EMPLOYMENT APPLICATION

Date : _____
Position Applying For : _____
Expected Salary : _____ per month
Date Available : _____

PERSONAL PARTICULARS	
Name: (Mr / Ms / Mrs / Mdm) _____	Sex : Male/Female
Address: _____ (S) _____	
Email: _____	Phone: _____ Mobile: _____
NRIC/ Passport: _____	Color: _____ Nationality: _____
Age: _____ Birth Date: _____	Place Of Birth: _____ Race: _____
Religion: _____ Marital Status: _____	
If Married Name Of Spouse: _____ Occupation: _____	
No. Of Children: _____ Age Range: _____	

EDUCATION			
Name Of Institution	From	To	Qualification



COURSES ATTENDED				
Name Of Institution	Course Name	Description Of Course	From	To

EMPLOYMENT HISTORY					
Company	Position Held	From	To	Salary	Reason for leaving

NATIONAL SERVICE
Year Of ORD : _____ Last Rank: _____
Date Of Next In Camp Training: _____

I declare that the above particulars and information furnished by me in this application are true and correct

Signature

Date

Health Declaration Form		
Questionnaire	Yes / No	If Yes' please give full details including dates, names of hospital descriptions/diagnoses of treatment whether still on follow up / fully recovered etc and to attach medical reports if available
1 Any life, medical or accident insurance has been declined, postponed or accepted on special terms?		
2 In the past 5 years, any hospitalization (except normal pregnancy) or surgery?		
3 Currently undergoing any form of treatment?		
4 Ever had or been told to have or been treated for any health condition relating to: a) Heat, lungs, kidney, liver b) Thyroid, nervous system, breast, reproductive system c) Hereditary or congenial condition d) Cancer or Tumour e) Stroke f) Diabetes g) High Blood Pressure h) SLE (Systemic Lupus Erthematous) HIV (Human Immunodeficiency Virus) infection or STD (Sexually Transmitted Diseases) i) Any other serious illness or injury?		
5 Been advised to have any surgical operation?		
6 Any physical impairment, defect or deformity or mental condition or disorder?		

I declare that the above particulars and information furnished are true and correct

Signature

Date

Name: _____

Choose one MOST and one LEAST in each of the 24 groups of words

Most	LEAST	Most	LEAST	Most	LEAST
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persuasive		Sociable		-	
Humble		Soft-Spoken		Well-disciplined	
Gentle		Patient		Generous	
Original		-		Animated	
-		Self-Reliant		Persistent	
-		-		-	
Attractive		-		Admirable	
Introspective		Receptive		-	
-		Moderate		Kind	
Sweet		-		Resigned	
Stubborn		Adventurous		Force of Character	
-		Cordial		-	
Charming		Talkative		Optimistic	
Easily Led		-		Respectful	
Loyal		Controlled		Accommodating	
-		Conventional		-	
Bold		Decisive		Pioneering	
-		-		-	
Open-minded		-		Light-Hearted	
Obliging		Diplomatic		Adaptable	
Cheerful		Satisfied		-	
-		-		Argumentative	
-		Daring		Nonchalant	
Will Power		Polished		Trusting	
-		Extroverted		Peaceful	
Precise		-		-	
Even-tempered		Amiable		Contended	
Nervy		Fearful		Positive	
-		Aggressive		-	
Jovial		-		Good Mixer	
-		Convincing		-	
-		Cautious		Lenient	
Considerate		Good Natured		Cultured	
Joyful		-		Vigorous	
Competitive		Determined		-	
Harmonious		-		companionable	
Playful		-		Accurate	
-		Agreeable		-	
Obedient		Willing		-	
-		-		Outspoken	
Unconquerable		Eager		Restrained	
Fussy		High-spirited		Popular	
Inspiring		Confident		Devout	
-		-		Neighbourly	
-		-		-	
Submissive		Sympathetic		Restless	
Brave		Assertive		-	
Timid		Tolerant		-	