

APPLICATION FOR EMPLOYMENT

Photograph
required

POSITION APPLIED FOR*: _____

*specify the position(s) you are applying for

PART 1: PERSONAL DATA					
FULL NAME (AS IN NRIC)					
ALIAS (IF ANY)					
HOME ADDRESS					
CONTACT NUMBER		Home:		Mobile:	
E-MAIL					
NRIC / PASSPORT NO		COLOUR		<input type="checkbox"/> Pink <input type="checkbox"/> Blue	
DATE OF BIRTH		PLACE OF BIRTH			
NATIONALITY		RACE			
GENDER		RELIGION			
DRIVING LICENSE		If yes, please state type:			
SINGAPORE PR		If yes, please state date approved:			
MARITAL STATUS		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
PART 2: FAMILY PARTICULAR					
NAME	RELATIONSHIP	DATE OF BIRTH	AGE	OCCUPATION	COMPANY
PART 3: EMERGENCY CONTACT					
NAME	OCCUPATION	RELATIONSHIP	CONTACT NUMBER		
PART 4: EDUCATION HISTORY					
FROM	TO	NAME OF INSTITUTION	TYPE	FIELD OF STUDY	
			E.G. DEGREE, DIPLOMA		

HARVEST CARE CENTRE (HCC)

PART 5: LANGUAGE PROFICIENCY						
LANGUAGES	SPOKEN			WRITTEN		
	FLUENT	FAIR	POOR	FLUENT	FAIR	POOR
PART 6: EMPLOYMENT HISTORY						
EMPLOYMENT HISTORY (START WITH THE MOST RECENT FIRST)						
FROM	TO	NAME OF COMPANY	POSITION HELD	REASONS FOR LEAVING		
EARLIEST AVAILABILITY						
CURRENT SALARY / RATE			EXPECTED SALARY / RATE			
PART 7: ACTIVITIES						
WHAT ASSOCIATIONS / SOCIETIES ARE YOU A MEMBER OF?						
SCHOOL / HIGHER LEARNING INSTITUTE / ELSEWHERE	POSITION OR RESPONSIBILITY HELD			Date		
Hobbies / Interests / Sports:						
PART 8: NATIONAL SERVICE						
HAVE YOU COMPLETED NATIONAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME						
IF SO, STATE :						
DATE JOINED	DATE DISCHARGED	BRANCH OF SERVICE	RANK ON DISCHARGE	DISCHARGE CERT No.		
GIVE DETAILS OF SPECIAL SKILLS, IF ANY, ACQUIRED DURING YOUR SERVICE:						

PART 7: REFERENCE *HCC RESERVES THE RIGHT TO CONTACT THESE REFEREES.	
FULL NAME (1)	

HARVEST CARE CENTRE (HCC)

DESIGNATION		CONTACT NO.	
COMPANY			
ADDRESS			
FULL NAME (2)			
DESIGNATION		CONTACT NO.	
COMPANY			
ADDRESS			
PART 8: DECLARATION			
1. What is your present state of health?			
2. Are you presently on any medication? Please give details:			
3. Have you ever had any mental breakdowns/illness? If yes, please give details:			
4. Have you any physical handicap? Please give details:			
5. Have you ever been discharged/terminated from any position? If yes, please give details:			
6. Have you ever had any police convictions?			
7. Have you ever been declared a bankrupt?			
8. Have you ever been convicted in the court of law?			
9. Have you ever applied for a position at the Harvest Care Centre?			
10. Do you have any relatives or friends currently working in Harvest Care Centre? If yes, please state name, position, and relationship.			
11. How did you come to know of this job vacancy?			

The particulars and above statements herein stated by me are true and correct to the best of my knowledge and belief.

Signature

Date

Please answer ALL the questions found on the following page.

COMPULSORY QUESTIONS

Please answer the following questions truthfully.

1. Why are you interested in this position?
2. Briefly discuss the skills/abilities you believe this position should have.
3. What experiences, skills or abilities do you possess that would enhance your performance in this position?
4. What would you anticipate being the most rewarding aspect of this position? Why?
5. What would be the most frustrating aspect of this position? Why? How would you deal with it?
6. What do you see as your greatest "strength"? How would you use this strength to benefit this situation?
7. Describe your level of assertiveness applicable to this position.
8. If you have to describe yourself in three words, what would those words be?