

**POSITION APPLIED FOR** *Please state in order of preference.*

1
2
3
Earliest Commencement Date

**PERSONAL PARTICULARS**

Name *(as in NRIC/Passport)*

Residential Address

NRIC/Passport No.	Citizenship
Contact Number <i>(HP)</i>	Email

**EDUCATION** *Include current courses of study, if any, stating expected date of completion.*

SCHOOL / COLLEGE / INSTITUTION / UNIVERSITY	COURSE OF STUDY	DURATION		QUALIFICATION OBTAINED
		From	To	

**LANGUAGE PROFICIENCY**

Spoken Only

Spoken & Written

## EMPLOYMENT HISTORY

*Begin with current/most recent company.*

PERIOD		COMPANY NAME	POSITION	LAST DRAWN SALARY (Gross)	REASON FOR LEAVING
From	To				

Brief Description of Duties of Current or Last Held Job

## PERSONAL & PROFESSIONAL INTERESTS & INFORMATION

HOBBIES, SPORTS & GAMES	CLUB / SOCIETY / ASSOCIATION / POLITICAL PARTY MEMBERSHIPS	VOLUNTEER WORK EXPERIENCES

What would you consider to be your strengths and weaknesses?

What are you most passionate about? *(i.e. your career aspirations, what motivates or interests you, etc.)*

Based on your strength, in what way would you best be able to add value / contribute to the organisation?

## EXPECTATION

Employment Type  
*(full time or part-time)*

Expected Salary

Other Expectations

## REFERENCES

Name	Name
Relationship	Relationship
Designation	Designation
Contact Number	Contact Number

## OTHER INFORMATION *Please tick as appropriate.*

	YES	NO
Have you ever been made a bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
Are you liable for any debt at the present state? If yes, state nature, extent and possibility of liquidation below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted in any court of law? If yes, state offence and term of sentence below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of any offence » involving child abuse or child neglect      » under Part XI of the women's charter (Cap 353)      » under Section 375 or 376A of the Penal code (Cap 224)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state offence and term of sentence below:		
Have you been issued with a warning letter by Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA) or any previous employers? If yes, state offence and term of sentence below:	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering or have you ever suffered from any physical impairment or disease or a drug problem? If yes, give details below:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any objections to a reference check with your previous employer(s)? If yes, give details below:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives employed by New Life Community Services or Covenant Evangelical Free Church? If yes, state name and relationship below:	<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION

By signing this form,

**1** I declare that the information provided are complete and accurate to the best of my knowledge and belief, and that I have not willfully suppressed any information.

**2** I understand that, if I should be employed and subsequently found to have made a false declaration, severe disciplinary action will be taken against me, which may include immediate dismissal without compensation.

**3** I agree that NLCS may collect, use and disclose my personal data as provided in this form, or (if applicable) as obtained by NLCS as a result of my application, for the purposes of processing my application and administration of my employment (if applicable) in accordance with the Personal Data Protection Act 2012 and NLCS' Data Protection Policy available at [www.newlife.org.sg](http://www.newlife.org.sg).

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**Applicant's Signature      Date**