APPLICATION FOR EMPLOYMENT

NAME (AS PER NRIC) POST APPLIED FOR	: [: [
A. <u>PERSONAL DETAILS</u>					
ADDRESS	:				
TELEPHONE NO.	:				
IDENTITY CARD NO.	:				
DATE OF BIRTH	:		SEX	:	
PLACE OF BIRTH	:		RELIGION	:	
AGE	:		MARITAL STATUS	:	
SPOUSE NAME	:		OCCUPATION	:	
NUMBER OF CHILDREN	: 1	M			
		F			
PERSON TO CONTACT IN THE EVENT OF EMERGENCY		NAME :			
		TELEPHONE NO. :			

B. FAMILY DETAILS (MEMBERS OF FAMILY INCLUDING PARENTS)

NO.	NAME	AGE	OCCUPATION

C. LANGUAGE PROFICIENCY (MARK IN THE RELEVANT SPACES PROVIDED)

NO.	NAME OF LANGUAGE	SPOKEN	WRITTEN

D. EDUCATIONAL QUALIFICATIONS

NO.	SCHOOL/COLLEGE/UNIVERSITY	DATE/YEAR (FROM – TILL)	TYPE OF CERTIFICATE / DIPLOMA / DEGREE

E. PRESENT POSITION

NAME OF THE POST	:	
DATE OF APPOINTMENT	:	
NAME & ADDRESS	:	
OF THE EMPLOYER		
TELEPHONE NO.	:	
PRESENT SALARY	:	ALLOWANCE :
EXPECTED SALARY	:	
PERIOD OF NOTICE NEEDED TO	TERMI	NATE SERVICE WITH PRESENT EMPLOYER :

F. WORK EXPERIENCE

NO.	EMPLOYER	POSITION	PERIOD (FROM – TO)	SALARY	REASON FOR LEAVING

G. IT KNOWLEDGE / OTHER CERTIFICATES (if any)

NO.	NAME OF CERTIFICATES

H. <u>HEALTH</u>

e you suffering from any sickness?	YES	NO	
dmitted in hospital for any major sickness?	YES	NO	
YES PLEASE GIVE DETAILS			
b	Imitted in hospital for any major sickness?	Imitted in hospital for any major sickness? YES	Imitted in hospital for any major sickness? YES NO

I. DECLARATION

I hereby declare that the information given in this application form is true and correct.

SIGNATURE	:	
DATE	:	

SURVEYING EXPERIENCE (IF ANY) OR WHY YOU WANT TO BE A SURVEYOR