

# SINFLORA EMPLOYMENT APPLICATION

|   |  |                   |
|---|--|-------------------|
| Name _____  |  | Date _____        |
| Present address _____   |  | Tel No _____      |
| NRIC No _____   | Birth Date _____                                     | Race _____        |
| Age _____   | Sex _____  | Citizenship _____ |
| Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  |                   |
| If Married, State Spouse's Name : _____   |  |                   |
| Occupation _____  | No. Of Children _____                                | Age Range _____   |
| Position applied for _____  | Salary desired _____                                 |                   |
| Perform night duty? _____   | <b>( Be specific )</b>                               |                   |
| Date available? _____   | Are u serving bond with your present Employer? _____ |                   |

| LEVEL      | NAME OF SCHOOL | FROM | TO | DETAILS |
|------------|----------------|------|----|---------|
| PRIMARY    |                |      |    |         |
| SECONDARY  |                |      |    |         |
| UNIVERSITY |                |      |    |         |
| OTHERS     |                |      |    |         |

Others Training Or Skills ( Factory Or Office Machines Operated, Special Courses, etc

### NATIONAL SERVICE

|   |                             |                      |          |
|---|-----------------------------|----------------------|----------|
| HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ |                             | YES _____            | NO _____ |
| Specialty _____                               | Date Entered _____          | Discharge Date _____ |          |
| Vocation _____                                | Next In-Camp Training _____ | Last Rank _____      |          |

|   |                 |                 |
|---|-----------------|-----------------|
| DO YOU HAVE A DRIVING LICENSE? _____                                  |                 | <b>YES / NO</b> |
| What is your means of transportation to work? _____                   |                 |                 |
| Driving license No _____  | Class _____     |                 |
| Have you had any accidents during the past three years? _____         | <b>Yes / No</b> | How many? _____ |
| Have you had any moving violations during the past three years? _____ | <b>Yes / No</b> | How many? _____ |

Please list two references other than relatives or previous employers.

|                 |                 |
|-----------------|-----------------|
| Name _____      | Name _____      |
| Position _____  | Position _____  |
| Company _____   | Company _____   |
| Address _____   | Address _____   |
| Telephone _____ | Telephone _____ |

### LINGUISTIC ABILITY

| Write/Read/Speak Fluently | Write/Read/Soeak Satisfactorily | Coversational Only | Dialects Spoken |
|---------------------------|---------------------------------|--------------------|-----------------|
|                           |                                 |                    |                 |

**Work experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were **self-employed**, give firm name. **Attach additional sheets if necessary.**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address  | Name of Last Supervisor | Employment dates | Pay/salary     |
|  |                         | From<br>To       | Start<br>Final |
| Phone No   | Your last job title     |                  |                |
| Reason for leaving ( be specific )   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address  | Name of Last Supervisor | Employment dates | Pay/salary     |
|  |                         | From<br>To       | Start<br>Final |
| Phone No   | Your last job title     |                  |                |
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| Phone No   | Your last job title     |                  |                |
| Reason for leaving ( be specific )   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

May we contact your present employer?  Yes  No  
 Did you complete this application yourself  Yes  No  
 If not, who did? \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  Yes  No  
 If yes, explain number of conviction(s) nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_