



Faith Community Baptist Church
 750A Chai Chee Road #04-01
 Technopark @ Chai Chee Singapore 469001
 Tel: (65) 6424 9400 Fax: (65) 6424 9500
 Email: hr@fcbc.org.sg www.fcbc.org.sg

Recent
 Photograph

Position applying/considered for:

PERSONAL PARTICULARS

Salutation: Dr Mr Mrs Ms Miss

Name in Chinese characters (if applicable):

Race/Dialect Group:

Full name as in Passport/Identity Card (Underline Family Name):

Home/Postal Address:

Home no.

Office no.

Mobile no.

Email Address:

Date of Birth (dd/mm/yy):

Gender:

Male Female

Marital Status:

Single Engaged Married
 Separated Divorced Widowed

Identity Card no. Pink Blue

Religion:

Nationality:

Christianity Buddhism Islam Catholic

Country of birth:

Hinduism Others, please specify:

Singapore PR (Please attach a copy of Entry Permit)

Date of SPR issue (dd/mm/yy): _____

Non-Singapore PR

FIN Number:

Date of Expiry:

Type of Singapore Immigration Pass you are currently holding:

Employment Pass Work Permit
 Student Pass Dependent Pass
 Social Visit Pass

Full-time National Service Records: (If male Singapore Citizen or Permanent of Singapore, please attach a copy of the Certificate of Conduct/Service and Exemption Notice, whichever applicable)

Serving Completed Part-time Exempted

State service period:

Vocation:

Rank:

If exempted, state reason why:

FAMILY BACKGROUND

Relationship	Full Name	Date of Birth (dd/mm/yy)	Place of Birth	Nationality	Occupation	Present Address

EDUCATION BACKGROUND & OTHER RELEVANT QUALIFICATIONS/COURSES

Level	Name of Institution	From (mm/yy)	To (mm/yy)	Qualification	Did you graduate?
Primary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation/ Tertiary					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Others					<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages/Dialect: (Please state languages/dialect and proficiency level i.e. excellent, good, fair, poor)

Written:

Spoken:

ACTIVITIES (list activities/offices held, including professional membership, public, civic activities and hobbies)

School	
University/College	
At Present	
Hobbies	

EMPLOYMENT HISTORY (Please list in chronological order & provide documentary evidence where applicable)

From (mm/yy)	To (mm/yy)	Position held	Organisation's/Employer's Name & Address	Last Drawn Gross Monthly Salary	Reason for Leaving

CHURCH MEMBERSHIP & CHRISTIAN SERVICE

Church Attended	From (mm/yy)	To (mm/yy)	Area of Service	Reason for Leaving

CHARACTER REFEREES (Name 2 persons who are not your relatives)

Name	Occupation	Years Known	Tel Contact/Email Address

May we write to the following for a reference? a. Your present employer Yes No
 If yes, please provide email address:

b. Your previous employer(s) Yes No
 If yes, please provide email address:

OTHER INFORMATION

a.	Salary, Bonus/AWS and other benefits you desire	
b.	When can you start work, if offered employment?	
c.	Have you served notice to your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Are you bound by any bond to serve the government, or any organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details:	
e.	Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f.	Have you ever been dismissed or suspended from the service of any employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give details:		
g.	Are you a bankrupt or a discharged bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Are you in debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, state extend/nature:		
i.	Do you have any serious illnesses or accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, state extent/nature:		
j.	Do you have any physical disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:		
k.	Have you ever been treated for mental related illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:		
l.	Have you other sources of income besides your salary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give details:		
m.	Do you:	<input type="checkbox"/> Own your home	<input type="checkbox"/> Live with parents
			<input type="checkbox"/> Rent accommodation
n.	Have you any relatives/acquaintances in FCBC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please state name(s) and relationship:		
o.	Why are you interested in this position with FCBC?		
p.	What are your career goals?		
q.	Any additional information which you may wish to add?		

I authorise investigation of all statements contained in this record of my qualifications if I am considered for employment. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the service of Faith Community Baptist Church if I have been employed. I understand that employment is subject to a medical examination in which my health must be found to be satisfactory to Faith Community Baptist Church.

Date:

Signature:

* If space provided is insufficient, please furnish details on a separate sheet.