



TOUCH Community Services Limited
 3615 Jalan Bukit Merah
 3rd Floor TOUCH Community Theatre, Singapore 159461
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Recent
 Photograph

1. GENERAL INFORMATION

Position applying / considered for:	Service / Department:	
Please indicate where you came to know about the position being applied for:		
<input type="checkbox"/> TOUCH Website	<input type="checkbox"/> NCSS Website	<input type="checkbox"/> Newspaper Advertisement
<input type="checkbox"/> Job Recruitment Website: _____	<input type="checkbox"/> Recommendation: _____	<input type="checkbox"/> Others: _____

2. PERSONAL PARTICULARS

Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> 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.:	Confidential Fax No.:
	Email Address:	
Date of Birth (dd / mm / yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Identity Card No.: <input type="checkbox"/> Pink <input type="checkbox"/> Blue	Religion: <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Catholic <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify:	
Place of Issue:		
Nationality:		
Country of Birth:	Type of Singapore Immigration Pass you are currently holding:	
<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Employment Pass	<input type="checkbox"/> Work Permit
<input type="checkbox"/> Singapore PR (Please attach a copy of Entry Permit)	<input type="checkbox"/> Student Pass	<input type="checkbox"/> Dependent Pass
Date of SPR issue (dd / mm / yy): _____		<input type="checkbox"/> Social Visit Pass
<input type="checkbox"/> Non-Singapore PR	FIN Number:	Date of Expiry: (dd / mm / yy)

Full-time National Service Records: (If male Singapore Citizen or Permanent Resident 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: _____

3. FAMILY BACKGROUND

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

4. 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

- a. If you plan further education, please explain:
- b. If licensed in Profession or Trade, state kind and where registered:
- c. Other training or skills (Factory or Office Machines Operated, Special Courses, etc):

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

Written:

Spoken:

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

School	
University / College	
At Present	
Hobbies	

6. 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 and Address	Last Drawn Gross Monthly Salary	Reason for Leaving Service

7. 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: _____

8. 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 organization?	<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 extent / nature	

i.	Are you in any form of counselling or have been counselled before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
j.	Do you have any serious illnesses or accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, state extent / nature	
k.	Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
l.	Have you ever been treated for mental related illnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
m.	Have you other sources of income besides your salary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details	
n.	Do you:	<input type="checkbox"/> Own your home <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent accommodation
o.	Have you any relatives / acquaintances in TOUCH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please state name(s) and relationship	
p.	Why are you interested in this position with TOUCH?	
q.	What are your career goals?	

I authorize 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 TOUCH Community Services 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 TOUCH Community Services.

Date: _____

Signature: _____

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