

EMPLOYMENT APPLICATION FORM

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|--|---|---|--|--|
| <input type="checkbox"/> Diagnostic Radiographer | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Medical Social Worker |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Others _____ |

Year of Study ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Postgraduate ☐ Working Professional

Please complete the form in legible handwriting. Please use 'Nil' or 'NA' where necessary. No fields should be left blank.

PERSONAL PARTICULARS				
Full Name (as in passport) <u>Underline Surname</u> Dr / Mr / Mrs / Miss / Mdm			Alias/Other Name (if any)	
Passport / Identity Card Number	Date of Birth	Citizenship	Marital Status * Single / Married / Widowed / Divorced	
Permanent Address		Contact number (Mobile) (Home) (Office)	Skype ID (if any)	
			Email address	
Languages Spoken				
Languages Written				
PARTICULARS OF IMMEDIATE FAMILY				
Name	Age	Relationship	Occupation	Name of Employer / School
EMERGENCY CONTACT PERSON				
Name	Relationship	Home No. Office No. Mobile No.		
EDUCATION/ TRAINING & DEVELOPMENT				
Name of School / Institution / Country	Period		Highest Qualification Attained (Certificate / Diploma / Degree) (Attach supporting document)	
	From (mm/yy)	To (mm/yy)		
Merit Award / Scholarship	Date Obtained mm/yy		Content of Award / Scholarship	
Courses Attended / Currently Attending	Period		Name of Institution	Is the course sponsored? (Yes / No)
	From (mm/yy)	To (mm/yy)		
PROFESSIONAL MEMBERSHIP (PLEASE ATTACH SUPPORTING DOCUMENTS)				
Name of Institution	Country		Membership Type	Date of Membership

EMPLOYMENT HISTORY (IN CHRONOLOGICAL ORDER)					
1. Name & Address of Current / Last Employer		From (dd/mm/yy)		Practice Setting: <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Hospital <input type="checkbox"/> Hospital with < 100 beds <input type="checkbox"/> Hospital with 100 to <200 beds <input type="checkbox"/> Hospital with ≥ 200 beds	
		To (dd/mm/yy)			
Initial Position	Initial Basic Salary	Bonuses & Other allowances			
Current Position	Current Basic Salary	Bonuses & Other allowances			
Major duties & responsibilities / Sub-Specialization					
Reason(s) for Leaving					
2. Name & Address of Employer		From (dd/mm/yy)		Practice Setting: <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Hospital <input type="checkbox"/> Hospital with < 100 beds <input type="checkbox"/> Hospital with 100 to <200 beds <input type="checkbox"/> Hospital with ≥ 200 beds	
		To (dd/mm/yy)			
Initial Position	Initial Basic Salary	Bonuses & Other allowances			
Current Position	Current Basic Salary	Bonuses & Other allowances			
Major duties & responsibilities / Sub-Specialization					
Reason(s) for Leaving					
3. Name & Address of Employer		From (dd/mm/yy)		Practice Setting: <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Hospital <input type="checkbox"/> Hospital with < 100 beds <input type="checkbox"/> Hospital with 100 to <200 beds <input type="checkbox"/> Hospital with ≥ 200 beds	
		To (dd/mm/yy)			
Initial Position	Initial Basic Salary	Bonuses & Other allowances			
Current Position	Current Basic Salary	Bonuses & Other allowances			
Major duties & responsibilities / Sub-Specialization					
Reason(s) for Leaving					
Earliest start date:		Notice period required:		Minimum expected Salary per month:	
REFERENCES					
Name	Email	Contact Number	Relationship	Occupation	Years Known

OTHERS	
1. Have you ever worked in a Singapore healthcare institution / hospital? If yes, which institution / hospital: Reason for leaving:	Yes / No
2. Have you ever applied to work in a Singapore Healthcare Institution? If yes, please give details:	Yes / No
3. Would you be able to work shifts and be on-call in Singapore?	Yes / No
4. Do you have any relatives / friends currently working in Singapore's Healthcare System? If yes, please give details (name / relationship / institution/ department/ job title):	Yes / No
5. Do you have any obligation to your present Company in terms of bond, study loans, etc...? If yes, please give details:	Yes / No
6. Have you suffered or are suffering from any physical impairment or disease including mental illness, deafness, handicap etc? If yes, please give details:	Yes / No
7. Do you have any pre-existing medical condition including hypertension, diabetes, heart disease, etc.? If yes, please give details:	Yes / No
8. Have you been immunized for the following: a. Chicken Pox b. Hepatitis B c. Hepatitis C d. Tuberculosis e. Mumps, Measles, Rubella (MMR)	Yes / No Yes / No Yes / No Yes / No Yes / No
9. Have you ever been dismissed or terminated from the service of any Company? If yes, please give details:	Yes / No
10. Have you ever been convicted in a Court of Law in any country? If yes, please give details:	Yes / No
11. Have you ever been detained by the police or any government law enforcement institutions? If yes, please give details:	Yes / No
12. Have you ever been declared bankrupt? If yes, please give details:	Yes / No
DECLARATION	
<p>I understand that any false statement made by me on this application or any supplement thereto will be sufficient ground for disqualification or dismissal if I am appointed. The willful suppression of any material fact will be similarly penalized.</p> <p>I authorize the hiring institution to make reference to all my past employers or my job performance. However, reference to my current employer may only be made with my prior permission so long as I am still in their employment.</p>	
Applicant's Signature	Date