

# APPLICATION FOR APPOINTMENT

## Instructions

1. This form must be completed either in blue or black ink suitable for photocopying.
2. If any section of the form does not apply to you, please insert ‘NIL’ or ‘Not applicable’.
3. Please return the completed form by the closing date to:

HR Department

Consumers Association of Singapore

170 Ghim Moh Road

#05-01 Ulu Pandan Community Building

Singapore 279621

Or via email to recruitment@case.org.sg

1. Upon employment, please submit ONE COPY of each of all relevant educational certificates and testimonials (if any). Please bring along originals for sighting purposes. If your originals have been lost or mislaid, please obtain authenticated duplicates or certified true copies from the issuing authorities.
2. No copies nor originals of certificates, testimonials and other documents should be forwarded with this application.
3. False particulars or willful suppression of material facts will render you liable to disqualification, or if appointed, to dismissal and/or appropriate legal proceedings.
4. CASE regrets that it does not enter into correspondence with regard to the reasons of selection.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POST APPLIED FOR: | | | | | | | | | | | EXPECTED SALARY: | | | EARLIEST DATE AVAILABLE: | | | | | | | | |
| Personal Particulars | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** as in NRIC/Passport (in **Block Letters**) | | | | | | | | | | | | | | | | | | | Recent photograph of applicant  (you may send it as a jpg attachment) | | | |
| **Name in Chinese Characters** (if applicable) | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | | | | | | | | | | | | | | |
| Date of Birth Day    Month    Year | | | | | | | | | | | Place of Birth | | | | | | | | Home Tel.:  Mobile No.:  Email: | | | |
| **Gender**  Male  Female | | | | | | | | | | | Citizenship | | | | | | | | Contact in emergency:  Name:  Tel.: | | | |
| **Marital Status**  Single  Married  Separated  Divorced  Widowed | | | | | | | | | | | Residential Status Singapore Citizen:  Yes  No  Permanent Resident:  Yes  No  Place of issue:  Date of issue (if applicable): Day    Month    Year  Date of expiry (if applicable): Day    Month    Year | | | | | | | | | | | |
| **Ethnic Group** | | | | | | | | | | |
| Dialect Group | | | | | | | | | | |
| Religion | | | | | | | | | | |
| Family Background | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Relationship | | | | | | Age | Nationality | | | | | | | Occupation/Employer | | | |
|  | | | | |  | | | | | |  |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  |  | | | | | | |  | | | |
| **Education** (List schools/institutions/universities attended.) | | | | | | | | | | | | | | | | | | | | | | |
| \  Schools/Institutions/Universities attended | | | Qualification obtained | | | | | | | | State major subjects if any | | | | From  dd/mm/yyyy | | | | | To  dd/mm/yyyy | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
|  | | |  | | | | | | | |  | | | |  | | | | |  | | |
| Detailed results of - | | | | | | | | | | | | | | | | | | | | | | |
| GCE “N” level/ “O” level or equivalent  School:  Year: | | | | | | | | | | | GCE “A” level or equivalent  School:  Year: | | | | | | | | | | | |
| Subjects | | | | | | Grades | | | | | Subjects | | | | | | | | | | | Grades |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
|  | | | | | |  | | | | |  | | | | | | | | | | |  |
| Other qualifications relevant to the position you are applying | | | | | | | | | | | | | | | | | | | | | | |
| Qualifications | | | | | | | | | Date Obtained | | | | Awarding Institution | | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | |
| **Scholarship, Award & Bond** (give details of any scholarship/award you hold or have held and bond, if bonded to serve the Singapore Government) | | | | | | | | | | | | | | | | | | | | | | |
| Scholarship/Award/Bond | | | | | | | | | | | | | From  dd/mm/yyyy | | | | | | | To  dd/mm/yyyy | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | |
| Present Employment | | | | | | | | | | | | | | | | | | | | | | |
| Appointment: | | | | | | | | | | | | Date of first appointment:  Day    Month    Year | | | | | | | | | | |
| Name of Organisation/Employer | | | | | | | | | | | | Date appointed to current post:  Day    Month    Year | | | | | | | | | | |
| Address of Organisation/Employer | | | | | | | | | | | | Monthly Salary  Annual Salary  Monthly allowance/others | | | | | | | | | | |
| Short description of your present job responsibilities | | | | | | | | | | | | | | | | | | | | | | |
| Reason for intended change of employment | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Employment** | | | | | | | | | | | | | | | | | | | | | | |
| Period of Employment | | | | | | | | Position held | | Name Employer | | | | | | | Last Drawn Salary | | | | Reasons of Leaving | |
| From  dd/mm/yyyy | To  dd/mm/yyyy | | | | | | |
|  |  | | | | | | |  | |  | | | | | | |  | | | |  | |
|  |  | | | | | | |  | |  | | | | | | |  | | | |  | |
|  |  | | | | | | |  | |  | | | | | | |  | | | |  | |
|  |  | | | | | | |  | |  | | | | | | |  | | | |  | |
| **Personal Character Referees** (Referees should be responsible persons who know you, either in private or in business. Names of relatives should not be used, nor the names of distinguished persons, unless they know you well.) | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Occupation | | | | | Years known | | | | | | Address & Contact No. | | | | |
|  | | | | | | |  | | | | |  | | | | | |  | | | | |
|  | | | | | | |  | | | | |  | | | | | |  | | | | |
| Details of Operational Readiness National Service | | | | | | | | | | | | | | | | | | | | | | |
| Type of service | | Rank | | | | | | Date Enlisted  dd/mm/yyyy | | | Date Released  dd/mm/yyyy | | | | | | Total years served | | | Current status | | |
|  | |  | | | | | |  | | |  | | | | | |  | | |  | | |
| Membership (with any political party/NGOs/clubs/associations/professional bodies) | | | | | | | | | | | | | | | | | | | | | | |
| Name of organisation | | | | | | | | Year of admission | | | | | | | | Position | | | | | | |
|  | | | | | | | |  | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | | |  | | | | | | |
| Knowledge of languages and dialects | | | | | | | | | | | | | | | | | | | | | | |
| Spoken & written | | |  | | | | | | | | | | | | | | | | | | | |
| Spoken only | | |  | | | | | | | | | | | | | | | | | | | |
| Relatives or friends working in CASE | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No (if yes, please give details below) | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | Appointment | | | | | | | Department | | | Relationship | | | | | | | | |
|  | | | |  | | | | | | |  | | |  | | | | | | | | |
|  | | | |  | | | | | | |  | | |  | | | | | | | | |
| Sports, CCAs, Special interests or hobbies | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Other Information | | | | | | | | | | | | | | | | | | | | | | |
| Please outline briefly your reasons for applying for this position and indicate why you consider yourself well suited. | | | | | | | | | | | | | | | | | | | | | | |
| **Please answer the following questions.** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been convicted in a court of law of any country?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | |
| 2. Have you ever applied for any position at CASE before?  Yes  No  If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | |
| 3. Have you ever been dismissed, discharged or suspended from employment?  Yes  No  If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | |
| 4. Please declare your current health status:  Excellent  Good  Average  Poor | | | | | | | | | | | | | | | | | | | | | | |
| Do you smoke?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever suffered any chronic illnesses / diseases that require long term medications?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Are you at present attending a doctor or hospital for any reasons?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide details.  ***Please note that if you have any pre-existing illnesses, you are required to provide the latest medical reports. All expenses for the medical report shall be borne by you.*** | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you been fully vaccinated against the COVID-19 virus?  Yes  No  If no, please state reason. | | | | | | | | | | | | | | | | | | | | | | |
| 6. I consent to CASE to conduct reference checks with my previous employers.  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| Declaration\* | | | | | | | | | | | | | | | | | | | | | | |
| I hereby declare the above statements and those attached sheets are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact failing which I may be dismissed even if appointed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date  \* If you are sending in this application via email, you may sign the application when you come for interview later. | | | | | | | | | | | | | | | | | | | | | | |
| For Official Use Only Position Offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |