



EMPLOYEE APPLICATION FORM

Instructions

- Scanned copies of NRIC (for Singapore citizen) or for non-Singapore citizen (ID/employment pass/passport), academic qualifications (including degree scroll and results script), current or last employment payslip must accompany this application.
- False particulars or wilful suppression of material facts will render you liable to disqualification, or if appointed, to dismissal, and/or appropriate legal proceedings.
- Incomplete application form would not be considered.
- Please allow three weeks for processing, only shortlisted candidates would be notified.
- Reason for selection or non-selection of candidates would not be disclosed.

Section 1: Personal Particulars

Name (English)		NRIC/ FIN/ Passport No.		Country of Issue	
Name (Chinese) if applicable		Handphone: Home:		Residential Address	
Age	Place of Birth/ Date of Birth	Sex	Appointment/Rank in NS (For Males)	Citizenship	
No of dependents	Email Address	Religion		S'pore PR? *	
Marital Status					
Contact number(s) of next of kin in case of emergency Name: _____ Relationship: _____ Contact: _____					

** Please attach scanned copy of your NRIC (for Singapore Citizen), and non-Singapore Citizen, foreign ID, passport, employment pass

Section 2: Education Particulars in Chronological Order

Year of Attainment dd/mm/yyyy	Qualification Attained	Name of School/ College/ University Attended and whether it is Full time/Part-time/distance learning/Others	Grades/Distinctions/GPA/degree class

** Please attach scanned copy of your educational certificates/ECA records.



CKS Global Consultants Pte Ltd

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Section 3: Employment Particulars in Chronological Order

Period of Employment dd/mm/yyyy		Company Name / Position / Brief job scope	Last Drawn Salary (kindly attach latest payslip)
From	To		

Section 4: Other Working Experience/Professional membership/Co-Curriculum Activities in Chronological Order

Period dd/mm/yyyy		Description of Experience / Membership / Club / ECA	Role
From	To		

Section 5: Family Background

	Name	Company	Occupation	DOB dd/mm/yyyy	Nationality
Father					
Mother					
Spouse					
Sibling					
Sibling					
Sibling					
Child					
Child					



MEDICAL & PERSONAL DECLARATION

Please tick the appropriate box

- | | | |
|--|-----|----|
| 1. Do you have a criminal record in Singapore?
(Under the Registration of Criminal Act) | Yes | No |
| 2. Have you ever been charged or convicted in a court of law in Singapore or any country?
(excluding parking offences) | Yes | No |
| 3. Are you aware of being under any current Police investigation in Singapore or in other
countries following allegations against you? | Yes | No |
| 4. Have you been or are you under any financial embarrassment?
(eg an undischarged bankrupt or a judgement debtor) | Yes | No |
| 5. Have you ever suffered, or is suffering from any medical history of pulmonary, nervous or
mental health conditions, prolonged ill health, or impediment in speech or hearing or any
any physical impairment or such other contagious or potentially contagious disease? | Yes | No |
| 6. Have you ever been suspended, discharged or dismissed from the services of any
employer? | Yes | No |
| 7. Have you been previously registered as a FA or qualified individual, and if so, is your
conduct and compliance history as a registered FA or registered qualified individual had
been less than satisfactory. | Yes | No |

If your answer is "Yes" to any of the above, please provide brief factual information and documents (where relevant)

Expected Monthly Salary	
Starting Date	
Notice Period	Months
Other information	

I gave my consent for the company to obtain or verify any information from or with any source, or submit any application necessary to the relevant authority as the company deem appropriate for the assessment of my application for employment.

I declare that all information given by me in this application for employment and any sheets attached hereto are true to the best of my knowledge and I have not wilfully suppressed any material fact. I accept that if any information given me in this application is in any way false or incorrect, my application may be rejected, any offer of employment may be withdrawn or my employment may be terminated summarily or I may be dismissed from service.



Name / Signature / Date