



Tel: +65 6709 8666 Fax: +65 6709 8667

JOB APPLICATION FORM

Position Applied For: PERSONAL INFORMATION									
			Please underline surna	ame)					
Nationa	ality					RIC / FIN / Passport No.			
Country of Birth		ı		Date	ate of Birth				
Gender	•			Mari	tal Statu	s			
Addres	s						1		
Contac	t No.	Home			HP				
Email									
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Ye		JALIFICATIO			Hig	hest S	tanda	ard	Grade
From	То	Name of 30	TOOLE / INSTITUTIONS I			ifications Obtained			Grade
		FICATIONS /	COURSES ATTEN	DED	/ AWAF	RDS AT	ΓΤΑΙ	NED	
Year From To		Qualifi	Qualifications / Awards Obta			ained Awa		arding Institution	
RELAT	IVES OR	R FRIENDS W	ORKING IN HAIER O	SRO!	UP (if any	√)			
Name			Position			Relationship			
								<u> </u>	

Haier Singapore Investment Holding Pte. Ltd. 9 Raffles Place, #18-02, Republic Plaza Tower 1, Singapore 048619 Tel: +65 6709 8666 Fax: +65 6709 8667

EMPLOYMENT HISTORY

Year		Name of Franciscos	Designation	Common attent Baston		
From	То	Name of Employer	Designation	Compensation Package		
				Starting Basic Salary		
				Last Drawn Basic Salary		
				Other Allowances (if any)		
Reasor	n for leav	ving				
				Starting Basic Salary		
				Last Drawn Basic Salary		
				Other Allowances (if any)		
Reasor	n for leav	ving				
				Starting Basic Salary		
				Last Drawn Basic Salary		
				Other Allowances (if any)		

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Minimum monthly BASIC salary (SGD) that you are looking for	
Earliest date that you can commence employment	

REFEREES

Name	Company	Position	HP	Email

OTHERS

Have you or are you suffering from any physical impairment, disease or medical conditions?	Yes / No
Have you ever been convicted in a court of law in any country?	Yes / No
Have you ever been dismissed from the service of any employment?	Yes / No
Are you presently declared bankrupt? If YES, please provide details below.	Yes / No
Have you applied for any job with this company before?	Yes / No
If you answer to any of the above questions is 'YES', please give details below:	•

DECLARATION

I declare that the academic certificate indicated and/or provided with/for this application is
authentic.
I verify that the above information is correct to the best of my knowledge.
I accept that providing false information deliberately could result in my dismissal.

Signature:	Date: