

PERSONAL PARTICULARS FORM

- Please complete all sections in BLOCK LETTERS and state "NA" or tick (☑) where applicable. If space is insufficient, please use a separate sheet.
- Completed form should be supported with copies of the relevant documents such as **NRIC** (front & back), **educational certificates**, **NS certificate of service** and **testimonials**.
- Any information provided in connection with this application may be used to consider you for other suitable positions within the Genting Singapore PLC Group

Please attach a
recent
color
passport-sized
photograph

POSITION(S) APPLIED FOR:

PERSONAL PARTICULARS						
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm.						
Family/Surname		Given Name		Middle Name (if any)		Preferred Name
Birth Date (DD-MM-YYYY)		Country of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				Date of Legal Marriage (DD-MM-YYYY)		
Citizenship <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR, state nationality: <input type="checkbox"/> Foreign Citizen, state nationality:				NRIC No (for S'porean & S'pore PR only) or Fin/Passport No (for foreign citizens only)		Singapore PR Start Date (DD-MM-YYYY)
Race/Ethnic Group		Religion				
Home Address (Please inform us if your correspondence address is different from your home address)		House/Block No		Level – Unit No		
		Street/Building Name				
		Postal Code		Country		
Home Tel. No.		Mobile Phone No.		Email Address		
EMPLOYMENT HISTORY (Please furnish your employment details, starting with the most recent. Use separate sheet if space is insufficient.)						
Name of Employer	Position Held	Period of Service		Salary		Reason for Leaving
		From (DD-MM-YY)	To (DD-MM-YY)	Monthly Basic	Total Annual	
EDUCATION AND PROFESSIONAL/OTHER QUALIFICATIONS						
Institution & Country	Highest Qualification Attained		Major / Specialization e.g. Economics, Civil Engineering		Date Completed (DD-MM-YYYY)	
LANGUAGES & DIALECTS						
Languages & Dialects	Spoken			Written		
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

IMMEDIATE FAMILY PARTICULARS (For Married – spouse & child/ren (incl foster & stepchildren). For Singles – parents & siblings)					
Name (As in NRIC/Birth Cert/Passport)	Relationship	NRIC/Birth Cert/PP No.	Birth Date (DD-MM-YY)	Occupation	Employer
EMERGENCY CONTACT (Please name 2 emergency contacts)					
Name	Relationship	Home Tel No.		Mobile Phone No.	
NATIONAL SERVICE (NS)					
NS Status <input type="checkbox"/> MINDEF Reserve <input type="checkbox"/> Operationally Ready <input type="checkbox"/> Volunteer <input type="checkbox"/> To be enlisted <input type="checkbox"/> Exempted <input type="checkbox"/> Not Liable/Applicable				Enlistment Date	
Operationally Ready Date (ORD)		Current/Last Held Rank	Unit	Vocation	
CHARACTER REFERENCES (Please name 2 referees who should be your teachers, or people you worked with or reported to at previous workplaces, but not your relatives.)					
Name	Contact No.	Email Address	Occupation	Years Known	Relationship
DECLARATION (Please answer the following questions and furnish details if the answer is "Yes")					
Are you on or are undergoing proceedings for any Exclusion Order and/or been refused a casino license application or entry into a casino? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for a position or been employed by any companies owned by Resorts World Sentosa or Genting companies? If yes, please state Name of Company, Position and Period of employment.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to anyone* working in Resorts World Sentosa or Genting companies? If "Yes", please state Full Name of Related Person(s), Relationship, Name of Employer and Position.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Include spouse/domestic partner, children (including foster and step-children), parents, parents-in-law, grandparents, siblings, cousins, nieces, nephews, aunts and uncles					
Are you or any of your immediate family members currently in the employment of a competing business organization? If "Yes", please state Full Name of Family Member(s), Relationship, Name of Employer and Position.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you engaged in any other business activity or providing services to any entity? If "Yes", please state Name of Company, Nature of Business, Position and Remuneration.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any body arts, or any existing or previous medical condition or disability that could affect your work performance? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been dismissed, terminated or resigned from previous employment for misconduct and/or poor performance? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested or convicted in a court of law or are there any pending legal cases against you in any country? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a RWS Genting Rewards membership? If "Yes", please provide the membership number.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an undischarged bankrupt or undergoing bankruptcy proceedings? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed a promissory note or have any unsecured debts (excluding bank overdrafts, hire purchases agreements, insurance companies' loans, co-operative societies or sums borrowed on security of land charged or mortgaged, pawn shop payments) for which the outstanding amount has not already been fully repaid? If "Yes", please provide details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Signature:				Date:	

Declaration

All information provided in this application is true and accurate to the best of my knowledge and that I have not willfully suppressed any material fact. I understand that misrepresentation or deliberate omission of any information required in this form will be sufficient cause to terminate my service without notice or payment in lieu of notice if I am employed by Resorts World at Sentosa (RWS) and its subsidiaries.

I confirm that I am not placed on, or undergoing proceedings in relation to, an exclusion order, including but not limited to exclusion orders issued by the Casino Regulatory Authority, Singapore Police Force, the National Council for Problem Gambling and any casino operators.

In the event of any changes to my personal particulars, or if I am placed on, or undergoing proceedings for an exclusion order, I will update RWS accordingly.

I authorize representatives of Genting Singapore PLC Group, including Resorts World at Sentosa Pte Ltd or any persons or organizations acting on its behalf, to verify all information contained in this form and supplement hereto. I agree that RWS may collect, use and/or disclose my personal data for managing employment relationships and in the course of its operations.

Full Name (please underline your Family/Surname)

NRIC/FIN/Passport Number

Signature

Date

Authorization to Release Information

I hereby authorize and request any present or former employer, school, police department, financial institution or other person having personal knowledge about me, to furnish any and all information in their possession regarding me in connection with an application for employment, to representatives of Resorts World at Sentosa and its subsidiaries and any persons or organizations acting on its behalf.

I understand and agree that a photocopy of this letter of authorization will be regarded as effective and valid as the original and further written notice from former or present employer who may provide information based on this authorized request is waived.

Full Name (please underline your Family/Surname)

NRIC/FIN/Passport Number

Signature

Date