HR2040-3 EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR (or type of Work desired): .......................................................................................................................

Referred by SRKK Staff? (Y / N) If Yes, Name: …………………………………………………………………………………….

NAME OF APPLICANT (MR/MRS/MS) : ……….............................................................................................................................

EMAIL ADDRESS: .............................................................................................................................................……………………

HOME ADDRESS: ..............................................................................................................................................…............................

..................................................................................................................................POSTCODE: .......................................................

TEL. NO. (M): ............................................................................ (H): ...............................................................................................

1. **PERSONAL & FAMILY DETAILS**

DATE OF BIRTH: ...............…........ PLACE OF BIRTH: .................................... NATIONALITY: …….. .................................

N.R.I.C. NO.: ...............…................... MARITIAL STATUS: (Single/ Married/ Divorced) NO. OF CHILDREN: ……………….

NEXT OF KIN (To be notified in case of Emergency)

Name: ....................................................................................................................................................................................................

Home No.: ...................................................................................... HP No. .........................................................................................

Relationship: ................................. Occupation: ............................ Address: …………………........................................................

……………..…......................................................................................................................................................................................

1. **EDUCATIONAL DETAILS (name in chronological)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & PLACE OF SCHOOL/COLLEGE/  UNIVERSITY ATTENDED | FROM | TO | EXAMINATION PASSED/ DIPLOMA/DEGREE OBTAINED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

OTHER EDUCATIONAL QUALIFICATIONS (if not stated above) e.g. Professional Qualifications:

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COMPUTER KNOWLEDGE: ……………........................................................................................................................................

LANGUAGES DIALECTS SPOKEN: ……………............................................................................................................................

LANGUAGES WRITTEN: ……………..............................................................................................................................................

1. **WORKING EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF PREVIOUS EMPLOYER | POSITION HELD | FROM - TO | EARNINGS  (per month) | REASONS FOR LEAVING |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

D. Why are you applying for work at SRKK?

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…………………………………………………………………………………………………………………………………………

E. If hired, would you have a reliable means of transportation to and from work? (YES / NO)

F. CAN WE REFER TO YOUR PRESENT EMPLOYER BEFORE AN OFFER OF EMPLOYMENT IS MADE? (YES / NO)

G. HAVE YOU EVER BEEN CONVICTED FOR A CRIMINAL OFFENCE IN A COURT OF LAW IN ANY COUNTRY? (YES / NO)

H. NAMES, ADDRESSES & OCCUPATIONS OF TWO (2) REFEREES (not relatives)

I. NAME: ........................................................................................OCCUPATION: ..............................................................

CONTACT: ...........................................................................................PERIOD KNOWN: ...............................................

II. NAME: ........................................................................................OCCUPATION: ..............................................................

CONTACT: ...........................................................................................PERIOD KNOWN: ...............................................

I. Medical Declaration - Do you have any medical condition that may affect your job performance from time to time (circle one)? (YES / NO)

If you answered YES to the above, please elaborate

…………………………………………………………………………………………………………………………….…………...

………………………..………………………………………………………………………………………………………………..

J. EXPECTED SALARY: .................................... AVAILABLE DATE: ..........................................................................................

K. PLEASE PROVIDE ANY FURTHER DETAILS WHICH YOU FEEL MAY BE USEFUL IN YOUR JOB APPLICATION:

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J. HOW DO YOU KNOW ABOUT THIS VACANCY?

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I declare that the particulars given above are correct to the best of my knowledge and am prepared to prove them if called upon to do so.

Signature of Applicant: ........................................................................................ Date: ......................................................................