**EMPLOYMENT APPLICATION**

Photo

**Position Applied** : Driver / Medic / Paramedic / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please fill up this form correctly and accurately. All information will be kept confidential)

**Personal Particulars**

Name (as in NRIC):

Address:

Home Tel No: H/p No: Citizenship:

NRIC: Date of Birth: Race: Religion:

Marital Status: □ Single □ Married □ Separated □ Divorced □ Widowed

Name of spouse (if married): Occupation:

Spouse Tel No: No. of Children: Age Range:

Relatives or friends in this company:

**Emergency contact**

Name: Relationship:

Address: Tel No:

**Expected Salary**: per month. **Date available**:

**Education**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School | Level | From (year) | To (year) | Graduated? | | Details |
| Yes | No |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**National Service**

□ Completed □ Exempted □ Deferred □ Not applicable. Reason:

From: To: Vocation: Last Rank:

**Medical History**

Any Physical Disability: No / Yes, please specify:

Any Major Illness / Accident in the Last 1 year: No / Yes, please specify:

Any History of Chronic illness on Medications: No / Yes, please specify:

**Working Days**

Any hours / days of the week you prefer to not work for personal reasons?

**Languages**

Languages spoken:

Languages written:

**Employment history**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employer | Position | From (year) | To (year) | Salary | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Related Courses Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Courses | Training Provider | Issue  Date | Expiry Date |
| BCLS (Basic Cardiac Life Support Course) |  |  |  |
| CPR & AED (Cardiopulmonary Resuscitation & Automated External Defibrillator Course) |  |  |  |
| Standard First Aid Course |  |  |  |
| EMT (Emergency Medical Technician Course) |  |  |  |
| Defensive Driving Course |  |  |  |
| ACLS (Advanced Cardiac Life Support Course) |  |  |  |
| ITLS (International Trauma Life Support Course) |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Declaration:**

I have / have never been convicted on a criminal charge (If yes, please specify: )

I have / have never taken and am presently not abusing substances (If yes, please specify: )

I hereby certify that the above information as provided by me is true, complete and accurate to the best of my knowledge. I further understand that any wilful act on my part in withholding information or making any false statement in this Employment Application is in itself sufficient ground for dismissal from the Company.

Signature of applicant Date: