

Please attach your recent photo here

Position and department applied		
Expected monthly salary (S\$):	Notice period:	Application date:

- All sections should be completed and ticked "✓" appropriately. For items which are not applicable, please state "N.A.". If there is insufficient space, please attach separate sheet of paper.
- Attach copies of academic results, certificates** (starting from O' Levels to the latest) and **most recent pay slip**. You may wish to attach other documents which will support your application.
- Please return the completed form and attachments to:  
**Singapore People Team, Ernst & Young Solutions LLP, One Raffles Quay, North Tower, Level 18, Singapore 048583**  
**Tel: 6535 7777 Fax: 6532 7662 Email: hr.eyes@sg.ey.com**

1 Personal particulars	
Name (underline surname):	Sex: _____ Age: _____ NRIC / Fin no.:
Residential address:	Passport no.:
	Citizenship / Permanent residence:
	Date of birth (dd/mm/yy):
Postal code:	Place of birth:
Mobile no.:	Driving licence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home no.:	Office no.:
Language / Dialects spoken:	Email:
	Written:
Hobbies:	

2 Family details																				
Marital status:																				
Spouse	Name: _____ Age: _____ Occupation: _____ Nationality: _____ Employer: _____ Contact no.: _____																			
	<table border="1"> <thead> <tr> <th>Name</th> <th>Date of birth</th> <th>Age</th> <th>Sex</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Date of birth	Age	Sex															
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Relationship	Name	Age	Occupation	Employer																
Father																				
Mother																				
Siblings																				
Emergency contact person																				
Relationship	Telephone																			

3 Educational background				
Secondary / Pre-University	Schools attended	Period (mm/yy)		Final standard reached
		From	To	
	GCE 'O' Levels - Subjects			Grades
	GCE 'A' Levels - Subjects			Grades
	Co-curricular activities			
Tertiary	Polytechnic / College / University attended	Period (mm/yy)		Highest qualification
		From	To	
Supplementary courses	Institution	Period (mm/yy)		Course attended
		From	To	
Scholarships / Awards / University activities				

4 Membership (s) in clubs / associations / societies / organizations		
Name of club / association / society / organization	Member since (mm/yy)	Membership status

5 Employment history (Please state in chronological order, starting with your present employment.)					
From (mm/yy)	To (mm/yy)	Last drawn monthly salary	Name of employer and nature of business	Position held	Reason for leaving

Do you have any objection if we refer to your previous employers?  Yes  No

In 150 words or less, please share with us why you wish to join us.

<b>6 National service</b>		
Unit:	Rank:	
Vocation:	Enlistment date:	ORD:
If you have been exempted, please state reasons.		

<b>7 General information</b>		
Have you ever been prohibited from entering any country? If yes, please state the country and reason.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you suffered or are suffering from any medical condition, disease, illness or physical disabilities? If yes, please provide details of diagnosis and treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously applied for employment with us? If yes, please state position applied for, date of application and outcome.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to any of our staff members? If yes, please state name and relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your current employer and / or any of your immediate family members a client of ours? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in any litigation matters? Have you ever been convicted in a court of law in any country? If yes, to any of the above, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Have you ever been put in a situation of financial embarrassment (e.g. bankruptcy)? Has there been any Statutory Demand currently served on you or legal proceedings commenced against you?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Please include any other information which you may consider relevant to the position applied for.		

<b>8 Reference (Please include at least one previous employer, where applicable and exclude relatives.)</b>		
Name:	Occupation:	
Address:	Company:	
	Telephone:	
	Period known:	
Name:	Occupation:	
Address:	Company:	
	Telephone:	
	Period known:	

**I declare that the information provided in this document is true and complete in all aspects. I understand that any misrepresentation or omission of information may be considered sufficient for withdrawal of an offer or subsequent dismissal from employment.**

**I consent to grant medical practitioner(s) the right to release my medical reports and conditions to you which may be used with regards to my employment.**

Signature of applicant:	Date:
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<b>For office use only</b>	
Notes	
Signature:	Date: