

1. GENERAL INFORMATION

Position applied for	Department:
Please indicate how you came to know about this position:	
<input type="checkbox"/> TOUCH Community Services Website	<input type="checkbox"/> NCSS Website
<input type="checkbox"/> Recruitment Website Pls specify	
<input type="checkbox"/> Recommendation Pls specify	
<input type="checkbox"/> Others Pls specify	

2. PERSONAL PARTICULARS

Name as in Identity Card/Passport (<u>Underline</u> Family Name):	Name in Chinese characters (if any):
Local Address:	Overseas Address (if any)
Postal Code	Postal Code
Contact Details:	Type of S'pore Immigration Pass you currently hold:
Mobile No:	<input type="checkbox"/> Employment Pass <input type="checkbox"/> Social Visit Pass
Home No:	<input type="checkbox"/> S Pass <input type="checkbox"/> Dependent's Pass
Email Address:	<input type="checkbox"/> Work Permit <input type="checkbox"/> Student's Pass
Others:	<input type="checkbox"/> Others. Please specify
Country of Birth:	
Nationality:	Driving License
<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Yes Class: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Singapore PR	<input type="checkbox"/> No
<input type="checkbox"/> Other citizenship. Please specify	Possess Own Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No
Language Proficiency: (Please state languages and proficiency level (ie Excellent, Good, Fair, Poor))	
Written:	
Spoken only:	

3. NATIONAL SERVICE RECORD (Only for Male Singaporean/PR)

<input type="checkbox"/> Completed/Completing	<input type="checkbox"/> Part-time	<input type="checkbox"/> Exempted	<input type="checkbox"/> Not Applicable
From: (mmm-yyyy) to (mmm-yyyy)			(Foreigner)

7. CHARACTER REFEREES (Name 2 persons who are not your relatives)

Name	Occupation	Years known	Contact Details (Mobile or Email Address)

May we write to the following for reference?

1. Your present employer Yes No

If yes, please provide details:

a. Name

b. Working Relationship

c. Contact details

2. Your past employer Yes No

If yes, please provide details:

a. Name

b. Working Relationship

c. Contact details

8. OTHER INFORMATION

a.	Expected Salary (S\$)	
b.	Notice required to present employer Months / weeks Have you served notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	When can you start work if offered?	
d.	Are you bound by any bond to serve the government or any organization? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Have you ever been dismissed or suspended from the service of any employer? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Are you an undischarged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Are you in debt (other than mortgage loan on the property you are staying in)? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Are you currently in any form of counseling or have been counselled before? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Have you ever suffered from any serious illnesses, accident/s or injury? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Do you have other sources of income besides your salary? If yes, please provide brief details	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Do you have any relatives / acquaintances working in TOUCH Community Services Limited or its affiliated companies? Please state name(s) and relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No

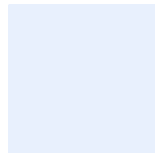
9. JOB ALIGNMENT

a.	Please share briefly your interest in this position.
b.	Share with us briefly your career goals.

- I warrant and represent to TOUCH Community Services Limited ("TCSL") that all information I have disclosed herein is true, complete, accurate in all aspects, and not misleading in any aspect. I understand that any misrepresentation or omission made in the information I have provided herein will result in TCSL refusing to process my application, or my dismissal in case of my eventual employment with TCSL.
- I understand that commencement of employment is subject to my successful completion of a medical examination and I undertake to attend such medical examination as required by TCSL. I further consent to the said medical institution's release of my examination results to TCSL for the purposes of my application.
- I hereby consent to TCSL' collection, retention, and use of my Personal data as contained in this form for the purpose of evaluating my suitability for any position with TCSL. I further consent to TCSL collecting my personal data from any other third party for the purpose of the said evaluation and authorise any third parties (eg past and present employers, character referees provided above) to disclose my personal data to TCS, in accordance with the Personal Data Protection Act 2012 and TOUCH's data protection policy (available at our website <<https://www.touch.org.sg/privacy-policy>>).

Click or tap here to enter text.

Name



Signature

Click or tap to enter a date.

Date

For Human Resource Department Use Only

Shortlisted For 1st Interview : Yes **Date:** Click or tap to enter a date. **Time:**
 No

Names of Interviewers

Shortlisted For 2nd Interview : Yes **Date:** Click or tap to enter a date. **Time:**
 No

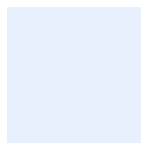
Names of Interviewers

Recommendation to Hire : Yes No

Processed by:

Click or tap here to enter text.

Name



Signature

Click or tap to enter a date.

Date