

OFFICE FOR THE NEW EVANGELISATION

Employment Application Form

APPLICATION FOR THE ROLE OF:	Affix passport-photo here:
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PERSONAL PARTICULARS			
Full Name (<i>as in NRIC</i>). Please underline surname.:			
Address:		Gender:	Marital Status:
Date of Birth: <i>(dd/mm/yyyy)</i>	Place of Birth:	Nationality:	If Permanent Resident: <i>(state PR start date)</i>
Home Tel. Nbr.:	Mobile Nbr.:	Email Address:	National Service: <i>(Rank/Exempted/Completed)</i>
Name of Parish:		Church Involvement:	

EDUCATION AND TRAINING			
Name of School / Institution / University	From (Year)	To (Year)	Qualification Attained

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WORK EXPERIENCE: <i>(use an additional sheet if necessary)</i>				
Current Employer:	Job Title:	From:	To:	
Duties & Responsibilities:				
Last Drawn Salary:	Allowances:	AWS:	Bonus:	
Reasons for Leaving:				
Immediate Past Employer:	Job Title:	From:	To:	
Duties & Responsibilities:				
Last Drawn Salary:	Allowances:	AWS:	Bonus:	
Reasons for Leaving:				
Other Past Employers:	Job Title:	From:	To:	Reasons for Leaving

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LINGUISTIC PROFICIENCY:						
Language / Dialect:	Spoken:			Written:		
	Fluent:	Fair:	Poor:	Fluent:	Fair:	Poor:

COMPUTER SKILLS:
What software applications are you familiar with?

OTHER INFORMATIONS:	Delete Accordingly
1. Have you ever been dismissed or discharged from service?	Yes / No
2. Have you ever been convicted in a court of Law by any country?	Yes / No
3. Have you ever been detained by the police or any government (other than traffic violations or misdemeanours)?	Yes / No
4. Have you been or are you under any financial embarrassment listed below? a. an undischarged bankrupt b. a judgement debtor c. have unsecured debts and liabilities of more than 3 months of last drawn pay have signed a promissory note or an acknowledgement of indebtedness	Yes / No
5. Have you suffered, or are suffering from any physical impairment or disease including mental illness, deafness, handicap, etc.	Yes / No

REFERENCES:					
Name:	Email Address:	Contact Nbr.:	Occupation:	Relationship:	Years Known:

DATE AVAILBLE FOR EMPLOYMENT:	EXPECTED SALARY:

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DECLARATION:

I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification or dismissal if appointed. This wilful suppression of any material fact will be similarly penalised.

I authorise the Office for the New Evangelisation to refer to all my past employers for my job performance or the references provided in this application form. However, reference to my current employer may only be made with my prior permission so long as I am still in their employment.

In filling this form, I consent to the collection, retention, processing, storage, and use of all data submitted by me, and to all such data being made available or transferred to the Office for the New Evangelisation for the purpose of employment or a contractual relationship with it and facilitating administrative operations within the Catholic Archdiocese of Singapore.

Applicants' Signature

Date