



TOUCH Community Services Limited
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3rd Floor TOUCH Community Theatre, Singapore 159461
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Recent
Photograph

1. GENERAL INFORMATION

Position applying / considered for:

Service / Department:

Please indicate where you came to know about the position being applied for:

- TOUCH Website NCSS Website Newspaper Advertisement
 Job Recruitment Website: _____ Recommendation: _____ Others: _____

2. PERSONAL PARTICULARS

Salutation: Dr Mr Mrs Ms Miss

Name in Chinese characters (if applicable):

Race / Dialect Group:

Full Name as in Passport / Identity Card (Underline Family Name):

Home / Postal Address:

Home No.:

Office No.:

Mobile No.:

Confidential Fax
No.:

Email Address:

Date of Birth (dd / mm / yy):

Gender:

Male Female

Marital Status:

Single Engaged Married
 Separated Divorced Widowed

Identity Card No.: Pink Blue

Religion:

Place of Issue:

Christianity Buddhism Islam Catholic

Nationality:

Hinduism Others, please specify:

Country of Birth:

Type of Singapore Immigration Pass you are currently holding:

- Singapore Citizen
 Singapore PR (Please attach a copy of Entry Permit)

- Employment Pass Work Permit
 Student Pass Dependent Pass
 Non-Singapore PR Social Visit Pass

Date of SPR issue (dd / mm / yy): _____

FIN Number:

Date of Expiry:
(dd / mm / yy)

Full-time National Service Records: (If male Singapore Citizen or Permanent Resident of Singapore, please attach a copy of the Certificate of Conduct/Service and Exemption Notice, whichever applicable)

- Serving Completed Part-time Exempted

State Service Period: _____ Vocation: _____ Rank: _____

3. FAMILY BACKGROUND

Relationship	Full Name	Date of Birth (dd / mm / yy)	Place of Birth	Nationality	Occupation	Present Address

4. EDUCATION BACKGROUND & OTHER RELEVANT QUALIFICATIONS / COURSES

Level	Name of Institution	From (mm / yy)	To (mm / yy)	Qualification	Did you graduate?
Primary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation / Tertiary					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Others					<input type="checkbox"/> Yes <input type="checkbox"/> No

a.	If you plan further education, please explain:	
b.	If licensed in Profession or Trade, state kind and where registered:	
c.	Other training or skills (Factory or Office Machines Operated, Special Courses, etc):	

Languages: (Please state languages and proficiency level i.e. excellent, good, fair, poor)

Written:

Spoken:

5. ACTIVITIES (list activities/offices held, including professional membership, public, civic activities and hobbies)

School	
University / College	
At Present	
Hobbies	

6. EMPLOYMENT HISTORY (Please list in chronological order & provide documentary evidence where applicable)

From (mm / yy)	To (mm / yy)	Position held	Organisation's / Employer's Name and Address	Last Drawn Gross Monthly Salary	Reason for Leaving Service

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

Name	Occupation	Years known	Tel Contact / Email Address

May we write to the following for a reference? (a) Your present employer Yes No
 If yes, please provide email address: _____

(b) Your previous employer(s) Yes No
 If yes, please provide email address: _____

8. OTHER INFORMATION

a.	Salary, Bonus / AWS and other benefits you desire	
b.	When can you start work, if offered employment?	
c.	Have you served notice to your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Are you bound by any bond to serve the government, or any organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details:	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details	
g.	Are you a bankrupt or a discharged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Are you in debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, state extent / nature	

i.	Are you in any form of counselling or have been counselled before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
j.	Do you have any serious illnesses or accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, state extent / nature	
k.	Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
l.	Have you ever been treated for mental related illnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
m.	Have you other sources of income besides your salary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details	
n.	Do you:	<input type="checkbox"/> Own your home <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent accommodation
o.	Have you any relatives / acquaintances in TOUCH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please state name(s) and relationship	
p.	Why are you interested in this position with TOUCH?	
q.	What are your career goals?	

I authorize investigation of all statements contained in this record of my qualifications if I am considered for employment. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the service of TOUCH Community Services if I have been employed. I understand that employment is subject to a medical examination in which my health must be found to be satisfactory to TOUCH Community Services.

Date: _____ Signature: _____

* If space provided is insufficient, please furnish details on a separate sheet.