



PRIVATE AND CONFIDENTIAL

EMPLOYMENT APPLICATION FORM

| | |
|--------------------------|--|
| Position Applied: | |
| Company Applied: | |
| Application Date: | |

INSTRUCTIONS

1. This form has been designed to provide us the relevant information for easy processing of your application for employment with us. It also serves as your personal record should you be employed.
2. You will need the following documents or information to fill in the form :
 - NRIC
 - Passport
 - Educational Certificates
 - Certificates of National Service and Employment, if applicable
 - Other Certifications, if applicable
 - Particulars of Parents/Spouse/Children/Character Referees
3. If space in this application is insufficient, please attach an addendum.
4. Lintec & Linnhoff Group and its subsidiaries reserve the right to terminate the employment of the applicant if any of the particulars supplied by the applicant in this application form is found to be untrue after engagement.

Please attach
recent
Passport-size
photograph

A. PERSONAL PARTICULARS

| | | | |
|--|---|--|-----------------|
| Given Name (as in NRIC/Passport): | | Name in Chinese characters (if applicable) | |
| Family Name / Surname (as in NRIC/Passport): | | Race: | |
| | | Dialect: | |
| Gender: Male / Female | | Religion: | |
| Marital Status: Single / Married / Separated / Divorced / Widowed | | Country of Birth: | |
| Date SPR Status Attained (DD/MM/YY): | Singapore NRIC Number: | Nationality: | |
| Passport No: | Passport Issue Date (DD/MM/YY): | Date of Birth (DD/MM/YY): | |
| Passport Issuing Country: | Passport Expiry Date (DD/MM/YY): | Age: | |
| Contact Information in Singapore | | | |
| Residential Address: | | | |
| Telephone No: | (Home) | (Office) | (Mobile) |
| Email Address: | | | |
| Contact Information (Overseas, for non-Singapore Citizen or Permanent Resident) | | | |
| Permanent Residential Address : | | | |
| Telephone No: | | | |
| Driving License No: | | Class : <input type="checkbox"/> 2 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| Do you own a car or motorcycle? YES / NO | | | |
| National Service (if applicable): | | | |
| Enlistment Date (DD/MM/YY) | ORD | Rank at Discharge | NS Unit |
| | | | |
| If you have not served NS or are exempted, please state reason: | | | |

B. FAMILY PARTICULARS

Give details of your immediate family members. If space is insufficient, please provide the information on a separate sheet of paper.

| Name | Relationship | Nationality | Date of Birth (DD/MM/YY) | Occupation | Company |
|------|--------------|-------------|-----------------------------|------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

C. CONTACT PERSON / NEXT-OF-KIN (IN CASE OF EMERGENCY)

For overseas applicants you must provide a local and overseas contact person

| | | | |
|----------------------|---------------|----------------------|------------------|
| Name: | | Relationship: | |
| Address: | | | |
| Telephone No: | (Home) | (Office) | (Mobile) |

D. EDUCATIONAL PROFILE

Attach photocopies of all academic certificates

| Institution/Country | Start Date (MM/YY) | End Date (MM/YY) | Highest Standard Passed & Year | Part-Time/ Full Time |
|---------------------|-----------------------|---------------------|-----------------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. OTHER COURSES CURRENTLY PURSUING

| From (MM/YY) | Expected Date of Completion (MM/YY) | Name of Course | Institution |
|---|--|----------------|-------------|
| | | | |
| | | | |
| Do you intend to pursue courses: YES / NO (Please provide details if your answer is YES) | | | |
| | | | |

F. COMPUTER LITERACY & OTHER SKILLS

Please indicate the software you are competent in

| | |
|--|--|
| | |
| | |
| | |

G. LANGUAGE PROFICIENCY

Please state **Good, Fair, or Poor**

| Language/Dialect | Spoken | Written | Language/Dialect | Spoken | Written |
|------------------|--------|---------|------------------|--------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

H. EMPLOYMENT HISTORY – Start with your latest or present company.

It is the policy of the Company to conduct reference checks with previous companies but only after an applicant has been selected for the position. **Attach additional sheets if necessary.**

| | | |
|--|----------------------------|---------------------------------|
| Organization Name and Address: | | |
| Position: | | Name of Last Supervisor: |
| From (DD/MM/YY): | | Reasons for Leaving: |
| To (DD/MM/YY): | | |
| Monthly Basic Salary | Allowances (if any) | Bonus (months) |
| Brief Description of Job Duties | | |
| Major Achievements | | |

| | | |
|--|----------------------------|---------------------------------|
| Organization Name and Address: | | |
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| From (DD/MM/YY): | | Reasons for Leaving: |
| To (DD/MM/YY): | | |
| Monthly Basic Salary | Allowances (if any) | Bonus (months) |
| Brief Description of Job Duties | | |
| Major Achievements | | |

I. CHARACTER REFEREES

Please provide particulars of two persons who are not related to you. They should be responsible persons who know you well with regard to your character and work performance. It is the policy of Lintec & Linnhoff to carry out reference check and such contact will only be made prior to offering you employment.

| | | | |
|----------------------|--------------------|----------------------|--------------------|
| Full Name | | Full Name | |
| Address | | Address | |
| Tel No | | Tel No | |
| Email Address | | Email Address | |
| Occupation | Years Known | Occupation | Years Known |

J. HEALTH INFORMATION

| | |
|---|----------|
| 1. Have you been advised to have any diagnostic test, hospital confinement or surgical operation which has not yet been performed? | YES / NO |
| 2. Have you been or are you currently undergoing any medical treatment as a result of any disease / illness / major medical condition / mental disorder or physical impairment? | YES / NO |
| 3. Do you suffer from any chronic illness such as long term back problems? | YES / NO |
| 4. Do you smoke? | YES / NO |
| If your answer to any of the above is YES, please give details in the space provided. (If space is insufficient, please continue on an attachment) | |

K. ADDITIONAL INFORMATION

| | |
|--|----------|
| 1. What is your expected salary? | |
| 2. What length of notice is required by your current employer? | |
| 3. Are there any restriction with your employment (example: do you require a valid work pass)? | YES / NO |
| 4. Have you been discharged or dismissed from the service of your previous employers? | YES / NO |
| 5. Have you been convicted in a court of law in any country? | YES / NO |
| 6. Are you aware of being under any current police investigations in Singapore or in any other country following allegations made against you? | YES / NO |
| 7. Are you currently an undischarged bankrupt? If yes provide details of the date of bankruptcy: | YES / NO |
| 8. Do you directly or indirectly have any shares in any business? (Exclude shares in Companies listed on SGX unless you hold directly or indirectly more than 5% of the share capital) | YES / NO |
| 9. Are you holding directorship, sole-proprietorship or other appointment in any company? | YES / NO |
| 10. Do you receive other forms of incomes besides your monthly salary? | YES / NO |
| 11. Have you or any relatives and/or friends working in Lintec & Linnhoff Group and or its subsidiaries? If yes, please state the name of your relatives and/or friends: | YES / NO |
| If your answer to any of the above is YES, please give details in the space provided. (If space is insufficient, please continue on an attachment.) | |

L. DECLARATION

I declare that all information given by me in this application and any sheets attached hereto are true, complete and correct. I understand and accept that a misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for employment or dismissal from the Company's service if I have been employed.

Signature of Applicant: _____

Date: _____

FOR COMPANY USE ONLY

Date of Interview _____ Interview Conducted By _____

Result of Interview : To Employ To KIV To Reject

Commencement Date: _____ Job Title: _____

Banding: _____ Grade: _____

Salary: S\$ _____ Mobile phone Reimbursement: S\$ _____

Transport Allowance: S\$ _____ Petrol Reimbursement: S\$ _____

Other Allowance (please state type of allowance): S\$ _____

Probation Period: Months

Notice Period During Probation: Months Notice Period after Probation: Months

Interviewer's Comments :

Interviewer : _____

Approved By : _____

Date : _____

Date : _____