

LINTEC & LINNHOFF GROUP OF COMPANIES

71 Tech Park Crescent, Tuas Tech Park, Singapore 638072
Tel: 6863 1111 Fax: 6863 3811 Website: https://www.lintec-linnhoff.com/

PRIVATE AND CONFIDENTIAL

EMPLOYMENT APPLICATION FORM

Position Applied:	
Company Applied:	
Application Date:	

INSTRUCTIONS

- 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/Passpor	Name in Ch	ninese cl	harac	ters (if ap	plicable)	١		
Family Name / Surname (as in Ni	RIC/	Passport):	Race:					
			Dialect:					
Gender: Male / Female			Religion:					
Marital Status:			Country of	Birth:				
Single / Married / Separated / Di	vorc	ed / Widowed						
Date SPR Status Attained (DD/MM/YY):								
Passport No:		Passport Issue Date (DD	/MM/YY):	Date o	of Birt	th (DD/M	M/YY):	
Passport Issuing Country: Passport Expiry Date			D/MM/YY):	Age:				
Contact Information in Singapor Residential Address:	e							
Telephone No:	((Home)	(Office)				(Mobil	e)
Email Address:								
Contact Information (Overseas,) Permanent Residential Address		on-Singapore Citizen or P	ermanent Re	sident)				
Telephone No:								
Driving License No:		Clas	ss:□2 □] 2A [□ 2B	□ 3	□ 4	□ 5
Do you own a car or motorcycle?	? Y	'ES / NO						
National Service (if applicable):								
Enlistment Date (DD/MM/YY)	OR	Rank :	at Discharge			NS Unit		
If you have not served NS or are	exe	mpted, please state reaso	n:					

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 EMERGEN)	NCY)
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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 inter	nd to pursue courses: YES /	NO (Please provide details if your	answer is YES)	

G. LANGUAGE PROFICII Please state Good, Fo	-				
Language/Dialect	Spoken	Written	Language/Dialect	Spoken	Written
	Company to con	duct reference	present company. checks with previous additional sheets if n		after an
Organization Name and A	Address:				
Position:			Name of Last Superv	visor:	
From (DD/MM/YY):			Reasons for Leaving	:	
To (DD/MM/YY):					
Monthly Basic Salary		Allowances (if any)	Bonus (months)	
Brief Description of Job D	Outies	I			
Major Achievements					

F. COMPUTER LITERACY & OTHER SKILLS

Please indicate the software you are competent in

Organization Name and Address:					
Position:		Name of Last Super	visor:		
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:					
Position:		Name of Last Super	visor:		
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 Ad	dress:				
Position:			Name of Last Super	visor:	
From (DD/MM/YY):			Reasons for Leaving	;	
To (DD/MM/YY):					
Monthly Basic Salary		Allowances (if any)	Bonus	s (months)
Brief Description of Job Du	ties	<u> </u>			
Major Achievements					
	lars of two per th regard to yo	ur character a	nd work performance	. It is th	ould be responsible persons e policy of Lintec & Linnhoff you employment.
Full Name			Full Name		
Address			Address		
Tel No			Tel No		
Email Address			Email Address		
Occupation	Years Known	ı	Occupation		Years Known

J. HEALTH INFORMATION

1.	Have you been advised to have any diagnostic test, hospital confinement orsurgical 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 physicalimpairment?	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 ofbankruptcy:	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
	rour answer to any of the above is YES, please give details in the space provided. space is insufficient, please continue on an attachment.)	

L. DECLARATION

and correct. I understand and accept that	in this application and any sheets attached hereto are true, complete a misrepresentation or omission of facts will be sufficient cause for ent 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 allowa	nce):\$\$
Probation Period: Months	
Notice Period During Probation: Mo	onths Notice Period after Probation: Months
Interviewer's Comments :	
Interviewer :	Approved By :
Date :	