

# FAIRVIEW INTERNATIONAL SCHOOL

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Affix recent  
passport size  
photograph  
(Mandatory)

## EMPLOYMENT APPLICATION FORM

***To be completed in full – do not leave any section unanswered***

*Please email/send a cover letter, curriculum vitae and a 200-word personal essay on what you would like to achieve, along with the application form. Only short-listed candidates will be contacted.*

### SECTION A

Name : \_\_\_\_\_

1. Position Applied for \_\_\_\_\_

*(if academic, indicate level of teaching ie. secondary, primary or kindergarten)*

Subject preference a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. Expected Remuneration \_\_\_\_\_

3. Expected Commencement Date \_\_\_\_\_

4. Notice Period required, if selected \_\_\_\_\_

**SECTION B *Personal Particulars***

1.1 Name in full (as per NRIC/Passport) \_\_\_\_\_

1.2 Other names, if any \_\_\_\_\_

2.0 NRIC/Passport No: Old \_\_\_\_\_ New \_\_\_\_\_  
(Enclosed a photocopy, both sides – Mandatory)

3.0 Tax File No \_\_\_\_\_ Branch \_\_\_\_\_

4.0 EPF No. \_\_\_\_\_ 5.0 SOCSO No. \_\_\_\_\_

5.1 Contact Address

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

Area \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. No. House: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

*NB: All communication by the school to the correspondence address last received shall constitute due service.*

5.2 Contact person/address in case of emergency

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

Area \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_

Tel. No. \_\_\_\_\_ Handphone \_\_\_\_\_

Fax \_\_\_\_\_ e mail \_\_\_\_\_

6.0 Sex : F/M    7.0 Race : \_\_\_\_\_    8.0 Religion \_\_\_\_\_

9.0 Date of Birth \_\_\_\_\_ 10.0 Age \_\_\_\_\_ 11. Nationality \_\_\_\_\_  
(dd/mm/yy)

12.0 Marital Status : Single/Married/Separated/Divorced/Widow/Widower

Number of children \_\_\_\_\_ Husband's Tax File No, \_\_\_\_\_  
(if applicable)

13.0 Curricular Activities, Games, Hobbies, Sports and Recreations.  
 (Include affiliation with NGOs, political and religious organisations. State name of activities, organisations, held & duration and other relevant information)

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14.0 Languages/Dialects

Languages/Dialects *	Level of proficiency		
	Good ("G"), Fair ("F") or Poor ("P")		
	Spoken	Read	Written
English Language			
Mandarin			

\* Insert other languages or dialects not indicated, if relevant and your level of proficiency.

15.0 Health Condition      Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Do you suffer from, (Indicate 'yes' or 'no' against each condition)

- |                                  |       |                       |       |
|----------------------------------|-------|-----------------------|-------|
| Alcoholism                       | _____ | HIV/Aids              | _____ |
| Asthma                           | _____ | Kidney problem        | _____ |
| Cancer/leukemia                  | _____ | Liver problem         | _____ |
| Diabetes                         | _____ | Migraine              | _____ |
| Dadah addiction                  | _____ | Psychiatric condition | _____ |
| High blood pressure              | _____ | Shoulder injury/pain  | _____ |
| Tuberculosis                     | _____ |                       |       |
| Backache & related problem       | _____ |                       |       |
| Colour blindness/visual handicap | _____ |                       |       |
| Deafness/Hearing handicap        | _____ |                       |       |
| Speech handicap/Throat problem   | _____ |                       |       |

Please describe below any other disabilities/illness/condition that may affect your contractual obligations.

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*NB : Without prejudice to other remedies available, the school will not bear the cost or any treatment of any disability, illness or condition known to the applicant but not declared in this application form.*

16.0 Please respond "yes" or "no" to each of the following statements

- a. I am a regular smoker \_\_\_\_\_
- b. I have never been charged nor convicted of any criminal offence \_\_\_\_\_
- c. I was never adjudicated a bankrupt nor subject to any such proceeding \_\_\_\_\_

**SECTION C Family Particulars**

*(NB : failure to provide any of the particular means you have agreed to waive certain service benefits e.g. Compassionate leave)*

Name (as in NRIC)	Relationship	Age D.O.B. (dd/mm/yy)	Occupation	Organisation/ Location/ Nature of business contact number
	Father			
	Mother			
	Spouse			
	Child 1			
	Child 2			
	Child 3			

**SECTION D Education Background**

*(Please attach copies of Certificates/transcripts - Mandatory)*

1) **Secondary Education** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

SPM / "O" Level Grade : \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

2) **Pre-University/College Education** \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ STPM / "A" Level Grade : \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_ Subject/Result \_\_\_\_\_ / \_\_\_\_\_

Subject/Result \_\_\_\_\_ / \_\_\_\_\_

3) **Tertiary Education** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Degree / Diploma \_\_\_\_\_ Grade \_\_\_\_\_

4) **Other** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Qualification / Award \_\_\_\_\_ Grade \_\_\_\_\_

Scholarship, Honours & Awards \_\_\_\_\_

**SECTION E *Employment History*** (in reverse chronological order, starting with current job\*)(Please attach testimonials – Mandatory)

1) From \_\_\_\_\_ To \_\_\_\_\_ Duration \_\_\_\_\_ Last Pay \_\_\_\_\_

Employer Name \_\_\_\_\_ Reporting To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2) From \_\_\_\_\_ To \_\_\_\_\_ Duration \_\_\_\_\_ Last Pay \_\_\_\_\_

Employer Name \_\_\_\_\_ Reporting To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3) From \_\_\_\_\_ To \_\_\_\_\_ Duration \_\_\_\_\_ Last Pay \_\_\_\_\_

Employer Name \_\_\_\_\_ Reporting To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4) From \_\_\_\_\_ To \_\_\_\_\_ Duration \_\_\_\_\_ Last Pay \_\_\_\_\_

Employer Name \_\_\_\_\_ Reporting To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

*\* Must be completed even if these particulars are already furnished in CV attached to application letter. Please attach separate sheet if insufficient space.*

**SECTION F**     *References*

*(Please provide 3 referees in preference order-relatives and in-laws excluded; the applicant is deemed to have obtained referees' prior consent)*

**First Referee Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Years Known \_\_\_\_\_

**Second Referee Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Years Known \_\_\_\_\_

**Third Referee Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Years Known \_\_\_\_\_

**SECTION G**     *Additional Information*

Please state information that you consider important and helpful in assessing your suitability for this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION H**     *Source and Previous Applications*

1. I come to know about this vacancy through (*respond with "yes" against each applicable*)

- a. newspaper advertisement (identify paper) \_\_\_\_\_
- b. employment agency (identify agency) \_\_\_\_\_
- c. friends/relatives \_\_\_\_\_
- d. my own initiative \_\_\_\_\_
- e. Fairview Staff ( name ) \_\_\_\_\_

2. I had previously applied for employment with the company before.

If your response is affirmative, indicate date/s and position applied for

Date/s: \_\_\_\_\_

Position/s: \_\_\_\_\_

**SECTION I      *Declaration Statement***

1. I declare that the information provided herein is true and complete in all aspects. I understand and agree that if the Company were to subsequently discover any misrepresentation or omission of information herein, this shall be sufficient and proper cause for the school to withdraw any offer of employment to me or, if I am by then already employed by the Company, to terminate my employment without notice and without any compensation in lieu.
  
2. I hereby give my irrevocable consent to the Company to perform periodical random checks from time to time to verify the particulars given herein.
  
3. I understand and agree that any offer of employment by the Company is valid and binding on the Company only if such offer in writing and upon such terms and conditions as may stipulated in such written offer, notwithstanding anything to contrary howsoever arising previously.
  
4. I further understand and agree that any offer of employment by the Company is subject to me having first passed a pre-employment medical examination as may be determined by the Company. I hereby give my irrevocable and unreserved consent for the Company to have access to, and for the doctor to submit to the Company, medical report on me in respect of this pre-employment medical examination. This consent shall extend to all medical treatment received by me during the course of my employment with the Company.

**Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**SECTION I**     *For Official Use Only*

1<sup>st</sup> Interviewer:..... Date interviewed.....

2<sup>nd</sup> Interviewer:..... Date interviewed.....

1<sup>st</sup> Interview

<p><b>Remarks/Comments</b></p>
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2<sup>nd</sup> Interview

<p><b>Remarks/Comments</b></p>
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