



**DEL-CARE EDU CENTRE PTE LTD**  
**1 SHENTON WAY**  
**#01-03 NO. 1 SHENTON WAY**  
**SINGAPORE 068803**  
**TEL: 62262556/91869933**

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## APPLICATION FOR EMPLOYMENT

Post Applied For \_\_\_\_\_ Salary Expected \_\_\_\_\_

### PERSONAL PARTICULARS

Full Name : \_\_\_\_\_ (as in NRIC) Alias \_\_\_\_\_

Address : \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Office)

Email Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

NRIC No \_\_\_\_\_ Race \_\_\_\_\_ Religious Belief \_\_\_\_\_ Nationality \_\_\_\_\_

Languages/Dialect Spoken \_\_\_\_\_ Written \_\_\_\_\_

If married, state : Spouse Name \_\_\_\_\_ No. & age of children \_\_\_\_\_  
(if any)

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### EDUCATIONAL DETAILS (include Childcare Qualifications)

*Please attach copies of your Certificates & Testimonials.*

School/Institution/University	From	To	Highest Standard Achieved

Other Qualifications & Skills

Play Musical Instruments (state types of instruments) \_\_\_\_\_

Computer Skills (state type of software program) \_\_\_\_\_

Others (please specify) \_\_\_\_\_

## EMPLOYMENT HISTORY

Name of Company	From	To	Last Position Held	Last Drawn Salary

## ADDITIONAL INFORMATION (Please answer questions 1 to 3 by circling Yes or No)

1. Have you, or are you suffering from physical impairment or disease?      Yes    No
2. Have you been convicted in a court of law?                                      Yes    No
3. Are you held in debt or an undisclosed bankrupt?                                Yes    No
4. If any answer to question 1 to 3 is yes, please furnish details. \_\_\_\_\_
5. If Application fro Employment is accepted, when can you start work? \_\_\_\_\_

## PERSONAL REFERENCE (should not be relative)

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone number \_\_\_\_\_(Home)\_\_\_\_\_ (Office/Mobile) Years Known \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone number \_\_\_\_\_(Home)\_\_\_\_\_ (Office/Mobile) Years Known \_\_\_\_\_

## DELARATION

I, \_\_\_\_\_ hereby declare that the information I have given is true and correct to the best of my knowledge and belief, and I have not willfully withheld any material fact.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date