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## (CONFIDENTIAL)

|                  | APPLICATION FOR EMPLOYMENT |                               |
|------------------|----------------------------|-------------------------------|
| POST APPLIED FOR |                            |                               |
| NAME             |                            | AFFIX<br>RECENT<br>PHOTOGRAPH |
| DATE             |                            |                               |

## I. PERSONAL PARTICULARS FULL NAME: MR/MISS/MS EMAIL ADDRESS : ADDRESS: SINGAPORE ( MOBILE: OFFICE TEL: HOME TEL: NRIC NO. / PASSPORT NO: SEX: DATE OF BIRTH: MARITAL STATUS: NATIONALITY: RACE / RELIGION: **II. NATIONAL SERVICE LIABILITY** OPERATIONAL READY NS DATE: DATE OF ENLISTMENT: LAST RANK HELD: PRESENT LIABILITY: RESERVIST / EXEMPTED **III. EDUCATION / TRAINING** YEAR NAME OF SCHOOL / COLLEGE / UNIVERSITY **QUALIFICATIONS OBTAINED** FROM TO SECONDARY TERTIARY **OTHERS** COURSE CURRENTLY PURSUING & EXPECTED DATE OF COMPLETION: KNOWLEDGE OF SOFTWARE PACKAGE: IV. LANGUAGE & DIALECT KNOWLEDGE OF LANGUAGES & DIALECTS SPOKEN WRITTEN (PARENTS, SPOUSE, CHILDREN, BROTHERS & SISTERS) V. FAMILY BACKGROUND **RELATIONSHIP** CONTACT TEL NO. NAME AGE OCCUPATION/COMPANY

## VI. EMPLOYMENT HISTORY

(Please complete in chronological order, starting with present employer. Attach copies of CV & testimonial, if any)

| PER   | IOD           |   |                       | LAST            |                     |  |  |
|---|---------------|---|-----------------------|-----------------|---------------------|--|--|
| FROM<br>(MM/YY)   | TO (MM/YY)    | COMPANY'S NAME  | LAST POSITION<br>HELD | DRAWN<br>SALARY | REASONS FOR LEAVING |  |  |
|   | ,             |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| VII. NOT  | ICE PERI      | OD  |                       |                 |                     |  |  |
| EARLIEST S  | TART DATE     | :   | SALARY                | 'EXPECTED :     |                     |  |  |
| VIII. MED   | DICAL INF     | FORMATION   |                       |                 |                     |  |  |
|   |               | -EXISTING MEDICAL CONDITIC<br>E DETAILS OF MEDICAL COND |                       | ON DATE.        |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| IX. OTHE  | R INFOR       | MATION  |                       |                 |                     |  |  |
| DO YOU PO   | SSESS A VAI   | LID DRIVING LICENCE?                                    |                       | CLASS           |                     |  |  |
| DO YOU OW   | /N A VEHICLI  | E? (E.G. MOTORCYCLE OR CA                               | R)                    | •               |                     |  |  |
| HAVE YOUR   | LICENCE E     | VER BEEN SUSPENDED / CANO                               | CELLED?               |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| DO YOU HAVE ANY RELATIVE(S) WORKING IN STAMFORD LAND CORPORATION LTD GROUP OF COMPANIES? IF YES, PLEASE PROVIDE DETAILS OF NAME, POSITION & RELATIONSHIP. |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
|   |               | APPLIED FOR EMPLOYMENT                                  | WITH STAMFORD LA      | AND CORPOR      | ATION LTD GROUP OF  |  |  |
| COMPANIES   | S? IF YES, PL | LEASE GIVE DETAILS.                                     |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| HAVE YOU EVER BEEN A BANKRUPT? IF YES, PLEASE GIVE DETAILS.   |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| HAVE YOU EVER BEEN DISMISSED / SUSPENDED FROM THE SERVICE OF ANY EMPLOYER?  |               |   |                       |                 |                     |  |  |
| IF YES, PLEASE GIVE DETAILS.  |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |
| HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME? IF YES, PLEASE GIVE DETAILS.  |               |   |                       |                 |                     |  |  |
|   |               |   |                       |                 |                     |  |  |

## X. CHARACTER REFEREES

| A. OHARAOTER  | KEI EKEES   |   |  |   |  |  |
|---|---|---|--|---|--|--|
| NAME TWO PERSONS (N<br>PREVIOUS EMPLOYMEN                       | IOT RELATIVES), PREFERABLY THOS<br>T.   | SE ACQUAINTED W                                     | ITH YOUR WORK                                  | ( HISTORY E.G. SUPERIORS IN   |  |  |
| NAME  | OCCUPATION / COMPANY  | CONTACT TEL<br>NO.                                  | YEARS<br>KNOWN                                 | PAST ASSOCIATION  |  |  |
|   |   |   | -  |   |  |  |
|   |   |   |  |   |  |  |
| ADDITIONAL INFORMA  |   | <br>JRTHER INFORMAT                                 | TION IN SUPPOR                                 | T OF YOUR APPLICATION)  |  |  |
|   | `   |   |  | ,   |  |  |
|   |   |   |  |   |  |  |
| XI. EMERGENCY   | Y CONTACT DETAILS   |   |  |   |  |  |
| IN CASE OF EMERGEN  | NCY, PLEASE CONTACT:  |   |  |   |  |  |
| NAME :  |   |   |  |   |  |  |
| CONTACT NO.:  | CONTACT NO.: RELATIONSHIP:  |   |  |   |  |  |
| XII. DECLARATION  | ON & CONSENT  |   |  |   |  |  |
| CONSENT TO THE CO   | LLECTION, PROCESSING AND US   | SE OF PERSONAL                                      | . INFORMATION                                  | ı   |  |  |
| SUITABILITY FOR EMP<br>LAND CORPORATION<br>PERSONAL INFORMAT    | RMATION PROVIDED IN THIS FOR<br>PLOYMENT WITH THE STAMFORD<br>LTD, ITS SUBSIDIARIES AND AFFI<br>FION PROVIDED WILL BE USED IN<br>LY FOR THE FOLLOWING PURPC | LAND GROUP OF<br>ILIATED COMPAN<br>I ACCORDANCE V   | F COMPANIES,<br>IIES ("STAMFOI                 | DEFINED AS STAMFORD<br>RD LAND GROUP"). THE                                     |  |  |
| 1. TO PROCESS THE   | APPLICATION FOR THE SPECIFI   | C POSITION YOU                                      | HAVE APPLIE                                    | O FOR,  |  |  |
| TO PROCESS THI  | E APPLICATION FOR OTHER OP<br>ABLE FOR, AND   | EN POSITIONS V                                      | VITH THE STA                                   | MFORD LAND GROUP WHICH  |  |  |
| 3. TO CONDUCT NEC   | CESSARY REFERENCE CHECKS  |   |  |   |  |  |
| BUSINESS OPERATIO<br>LAND GROUP WILL EI<br>AS INSTRUCTED AND    | UP MAY USE THIRD PARTY SERVINS TO CARRY OUT CERTAIN HINSURE THAT SUCH THIRD PART FOR NO OTHER PURPOSES. THE SITO PROTECT THE PERSON                         | UMAN RESOURC<br>Y SERVICE PRO<br>HE STAMFORD L      | CES-RELATED<br>VIDERS USE T<br>AND GROUP H     | FUNCTIONS. THE STAMFORD<br>HE PERSONAL INFORMATION<br>IAS IN PLACE SECURITY AND |  |  |
| DECLARATION   |   |   |  |   |  |  |
| COLLECTING, PROCES<br>THAT I HAVE THE RIG<br>WITH APPLICABLE PE | JOB APPLICATION FORM TO THE<br>SSING AND USE OF MY PERSON<br>HT TO ACCESS MY DATA AND SI<br>ERSONAL DATA PROTECTION LA<br>LL DATA MAY BE TRANSFERREI        | IAL INFORMATION<br>EEK TO HAVE IT<br>AWS. I ALSO UN | N AS OUTLINED<br>ALTERED, IF N<br>IDERSTAND AN | D ABOVE AND I UNDERSTAND<br>IECESSARY, IN ACCORDANCE<br>ND ACKNOWLEDGE THAT MY  |  |  |
| UNDERSTAND THAT A   | E INFORMATION GIVEN IN THIS A<br>ANY ACT ON MY PART IN WITH<br>APPLICATION FOR EMPLOYMENT<br>D GROUP. I ALSO GIVE CONSENT<br>RIFICATION.                    | HOLDING THE I                                       | NFORMATION<br>JFFICIENT GRO                    | AND/OR MAKING ANY FALSE<br>DUNDS FOR DISMISSAL FROM                             |  |  |
| SIGNATURE A   | ND NAME OF APPLICANT  | _   | -  | DATE  |  |  |