



## Singapore Shipping Corporation Limited

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Main Line : (65) 6220 4906

(CONFIDENTIAL)

APPLICATION FOR EMPLOYMENT	
POST APPLIED FOR _____	AFFIX RECENT PHOTOGRAPH
NAME _____	
DATE _____	

**I. PERSONAL PARTICULARS**

FULL NAME : MR / MISS / MS		
EMAIL ADDRESS :		
RESIDENTIAL ADDRESS :		
SINGAPORE ( )		
HOME TEL :	OFFICE TEL :	MOBILE :
NRIC NO. / PASSPORT NO:	SEX:	SALARY EXPECTED: S\$
DATE OF BIRTH:	AGE AT LAST BIRTHDAY:	AVAILABILITY:
MARITAL STATUS:	HEIGHT:	RACE:
NATIONALITY :	WEIGHT:	RELIGION:

**II. NATIONAL SERVICE LIABILITY**

DATE OF ENLISTMENT:	OPERATIONAL READY NS DATE :
LAST RANK HELD:	PRESENT LIABILITY : RESERVIST / EXEMPTED

**III. EDUCATION / TRAINING**

NAME OF SCHOOL / COLLEGE / UNIVERSITY	YEAR		QUALIFICATIONS OBTAINED
	FROM	TO	
SECONDARY			
COLLEGE			
UNIVERSITY			
OTHERS			

COURSE CURRENTLY PURSUING & EXPECTED DATE OF COMPLETION :

KNOWLEDGE OF SOFTWARE PACKAGE :

KNOWLEDGE OF LANGUAGES & DIALECTS	SPOKEN	WRITTEN

**IV. FAMILY BACKGROUND** (PARENTS, SPOUSE, CHILDREN, BROTHERS & SISTERS)

NAME	RELATIONSHIP	AGE	OCCUPATION/COMPANY	CONTACT TEL NO.

**V. EMPLOYMENT HISTORY** (Please complete in chronological order, starting with present employer. Attach copies of testimonial, if any)

1	COMPANY:	ADDRESS:
		TEL NO. :
	POSITION:	EMPLOYED FROM: TO:
	NATURE OF DUTIES & RESPONSIBILITIES:	SALARY INITIAL \$: LAST DRAWN \$:
		REASONS FOR LEAVING:
REMARKS: (E.g. Bonus, working hour, benefits)		

2	COMPANY:	ADDRESS:
		TEL NO. :
	POSITION:	EMPLOYED FROM: TO:
	NATURE OF DUTIES & RESPONSIBILITIES:	SALARY INITIAL \$: LAST DRAWN \$:
		REASONS FOR LEAVING:
REMARKS: (E.g. Bonus, working hour, benefits)		

3	COMPANY:	ADDRESS:
		TEL NO. :
	POSITION:	EMPLOYED FROM: TO:
	NATURE OF DUTIES & RESPONSIBILITIES:	SALARY INITIAL \$: LAST DRAWN \$:
		REASONS FOR LEAVING:
REMARKS: (E.g. Bonus, working hour, benefits)		

4	COMPANY:	ADDRESS:
		TEL NO. :
	POSITION:	EMPLOYED FROM: TO:
	NATURE OF DUTIES & RESPONSIBILITIES:	SALARY INITIAL \$: LAST DRAWN \$:
		REASONS FOR LEAVING:
REMARKS: (E.g. Bonus, working hour, benefits)		

If insufficient space, please continue on a separate sheet and attach it to this application. If not applicable, write N.A.

**VI. MEDICAL INFORMATION**

DO YOU NOW, OR HAVE YOU BEEN BOTHERED WITH :

BACKACHE? \_\_\_\_\_ HIGH BLOOD PRESSURE? \_\_\_\_\_ CONVULSIONS? \_\_\_\_\_

EPILEPSY? \_\_\_\_\_ HEART TROUBLE? \_\_\_\_\_ LUNG TROUBLE? \_\_\_\_\_

DIABETES? \_\_\_\_\_ FAINTING SPELLS? \_\_\_\_\_ CHRONIC HEADACHE? \_\_\_\_\_

HAVE YOU HAD AN OPERATION OR BEEN TREATED FOR ANY ILLNESS DURING THE PAST 10 YEARS?

IF YES, GIVE DETAILS: \_\_\_\_\_

PLEASE STATE OTHER PHYSICAL AND / OR MENTAL DISABILITIES OR SERIOUS ILLNESS SUFFERED: \_\_\_\_\_

**VII. OTHER INFORMATION**

DO YOU POSSESS A VALID DRIVING LICENCE? \_\_\_\_\_ CLASS \_\_\_\_\_ VALIDITY: \_\_\_\_\_

DO YOU OWN A VEHICLE? (E.G. MOTORCYCLE OR CAR) \_\_\_\_\_

HAVE YOUR LICENCE EVER BEEN SUSPENDED / CANCELLED?

DO YOU HAVE ANY RELATIVE(S) WORKING IN SINGAPORE SHIPPING CORPORATION LIMITED GROUP OF COMPANIES? IF YES, PLEASE PROVIDE DETAILS OF NAME, POSITION & RELATIONSHIP.

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH SINGAPORE SHIPPING CORPORATION LIMITED GROUP OF COMPANIES? IF YES, PLEASE 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.

CHARACTER REFEREES : NAME TWO PERSONS (NOT RELATIVES), PREFERABLY THOSE ACQUAINTED WITH YOUR WORK HISTORY E.G. SUPERIORS IN PREVIOUS EMPLOYMENT.

NAME	OCCUPATION / COMPANY	CONTACT TEL NO.	YEARS KNOWN	PAST ASSOCIATION

ADDITIONAL INFORMATION (PLEASE WRITE HERE ANY FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION)

*I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, THIS APPLICATION SHALL CONSTITUTE AN INTEGRAL PART OF ANY CONTRACT OR SERVICE BETWEEN MYSELF AND THE COMPANY. IF THE INFORMATION GIVEN IS FALSE, EVASIVE OR MISLEADING, THE COMPANY SHALL HAVE THE RIGHT TO DISMISS ME WITHOUT PRIOR NOTICE. I ALSO AUTHORISE ANY INVESTIGATION OF THE ABOVE INFORMATION FOR THE PURPOSE OF VERIFICATION.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**VIII. INTERVIEWER'S COMMENTS**

\_\_\_\_\_  
NAME & SIGNATURE OF INTERVIEWER