



济 云 阁 托 儿 所

CHEE HOON KOG CHILD CARE CENTRE

Block 520 Bedok North Avenue 1 #01-340 Singapore 460520

Tel: 6448 4325 Fax: 6448 7843

POSITION APPLIED FOR: _____

NAME		CHINESE CHARACTER	
NRIC NO (PINK / BLUE)		GENDER	Male / Female
ADDRESS			
AGE		DATE OF BIRTH	
HOME TEL		HANDPHONE	
DRIVER LICENSE	Yes / No (Class)	EMAIL ADDRESS	
NATIONALITY		RACE	
RELIGION		DIALECT	
MARITAL STATUS		EXPECTED SALARY S\$	
LANGUAGES WRITTEN			
LANGUAGES SPOKEN			
SOFTWARE USED			

PERIOD OF NOTICE REQUIRED IF EMPLOYMENT OFFERED _____

ANY HEALTH PROBLEM FOR THE LAST 3 YEARS (IF YES, please disclose). CHKMPs will not be responsible for any pre-existing health issues.

EDUCATIONAL BACKGROUND (Starting with highest qualification and attached certificates)

Name Of School/Institutions Attended	Highest Level Passed	Year Passed

EMPLOYMENT HISTORY (Starting with present employment)

Period (from dd/mm/yyyy to dd/mm/yyyy)	Position Held	Employer	Last Drawn Salary	Reason For Leaving

FAMILY BACKGROUND

	AGE	HP NO	OCCUPATION
FATHER			
MOTHER			
SPOUSE			

NUMBER OF CHILDREN	SON (S)		DAUGHTER (S)			
AGE OF CHILDREN	F/M	F/M	F/M	F/M	F/M	F/M

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME:		
RELATIONSHIP		
HP NO	OFFICE NO	RESIDENCE NO

BRIEFLY DESCRIBE YOUR PRESENT OR LAST DUTIES / SCOPE OF WORK

BRIEFLY DESCRIBE THE AREAS OF WORK IN WHICH YOU EXCEL

I, _____ DECLARE THAT I DO NOT HAVE ANY NEXT OF KIN / RELATED FAMILIES WORKING IN THIS ORGANISATION.

I ALSO UNDERSTAND THAT IF ANY OF MY PERSONAL DETAILS OR INFORMATION PROVIDED ABOVE ARE INACCURATE OR FALSE, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL.

Signature _____ Date (dd/mm/yyyy) _____

FOR OFFICIAL USE ONLY:

INTERVIEWED BY:	APPROVED BY:
DATE OF COMMENCEMENT:	STARTING SALARY:
	ADJUSTMENT UPON CONFIRMATION: Y / N

RECOMMENDED BY: _____