



华社自助理事会

CHINESE
DEVELOPMENT
ASSISTANCE
COUNCIL

APPLICATION FOR APPOINTMENT

Please read the following instructions carefully:

1. Before you complete the application form, please satisfy yourself of your eligibility for the appointment that you are applying.
2. The application form must be completed in accordance with the instructions on this form. FAILURE TO COMPLY WITH THE INSTRUCTIONS MAY SERIOUSLY AFFECT THE CONSIDERATION OF THE APPLICATION.
3. ONE TRUE COPY each of your birth and educational certificates and testimonials (if any) must accompany the application. The originals should NOT be forwarded but must be produced in due course upon request. If your originals have been lost or mislaid, please obtain authenticated duplicates or certified true copies from the issuing authorities. All attachments to your application must bear your name.
4. False particulars or wilful suppression of material facts will render you liable for disqualification, or if appointed, for dismissal and/or appropriate legal proceedings.
5. Only shortlisted applicant will be notified.

Please affix you recent passport-sized photograph (non-returnable)
--

POSITION APPLIED FOR				Date of advertisement or circular
NAME & NRIC NO. In full and in capital letters. Underline Surname.	* MR / MISS / MDM / DR			NRIC No.
	Alias (if any)			Official Ref. (
	Chinese Name: (if applicable)			Colour: * Pink/ Blue
HOME ADDRESS In full and in capital letters.				
CONTACT NO.	Home	Office	Mobile	
E-MAIL ADDRESS (if applicable)				
EMERGENCY CONTACT	Name	Relationship	Contact No.	
AGE, RACE , CITIZENSHIP & RELIGION	Date of Birth			If registered as Singapore Citizen, state Registration No and Date of Issue
	Age at last birthday:			
	Country of Birth:			
	Citizenship:			For Non-Singapore Citizen, state Passport No. and Country of Issue
	Race:			
	Religion:			
MARITAL STATUS (If married, give full particulars of spouse)	Marital Status * Single / Married / Divorced / Widowed			No. of Children (if applicable)
	Spouse's Name			Son (s): _____
	Occupation			
	Employer			Daughter(s): _____
	Date and Country of Birth			
	Citizenship			

* Delete where not applicable

ACADEMIC QUALIFICATIONS <u>COPIES OF ALL YOUR RELEVANT CERTIFICATES & DETAILED RESULTS SHOULD ACCOMPANY YOUR APPLICATION</u>	School/ College/ University Attended (& Country, if Overseas)		From (Mth/Yr)	To (Mth/Yr)	Certificate/ Diploma/ Degree Obtained (State Class of Honours, if applicable)	Mth/Year of Final Exams
PROFESSIONAL QUALIFICATIONS	Institution (& Country, if Overseas)		Qualifications		Year Attained	
COURSE(S) CURRENTLY PURSUED & EXAM TO BE TAKEN	Institution (& Country, if Overseas)		Course(s) Pursued/ Expected Qualifications	Expected Date of Exams	Expected Date of Results	
BOND(S) Give details of any bond(s) you have served Or are serving	Type of Bond(s)			From (Mth/Yr)	To (Mth/Yr)	
EXTRA-CURRICULAR ACTIVITIES (ECA) State your ECA in School/College/ University & indicate level of participation, position held (e.g. as a member, secretary, president).	ECA	School		College / University		
	Sports/ Games					
	Societies/ Clubs/ Committees					
MEMBERSHIP OF ANY SOCIETIES, ASSOCIATIONS, ETC						
KNOWLEDGE OF LANGUAGES & DIALECTS	Mother Tongue					
	Spoken					
	Written					

PRESENT EMPLOYMENT If unemployed, please indicate and attach a copy of your last payslip.	Present Appointment		Office Tel:
	Name of Organisation		
	Address		
	Date Appointed	Basic Salary (pm)	Gross Salary (pm)
	Brief Description of Duties		
	Reason(s) for Leaving		
PREVIOUS EMPLOYMENT If chronological order. Please attach a separate sheet if the space is insufficient. Testimonials, if any, should accompany your application.	(i) Period of Employment: From (mth/yr) To (mth/yr)		
	Position held		
	Name of Organisation		
	Address		
	Last-drawn Basic Salary (pm)	Last-drawn Gross Salary (pm)	
	Brief Description of Duties		
	Reason(s) for Leaving		
	(ii) Period of Employment: From (mth/yr) To (mth/yr)		
	Position held		
	Name of Organisation		
	Address		
	Last-drawn Basic Salary (pm)	Last-drawn Gross Salary (pm)	
	Brief Description of Duties		
	Reason(s) for Leaving		
EXPECTED SALARY & EARLIEST DATE AVAILABE	i) Expected Gross Salary (pm)		
	ii) Notification Period Required by Present Employer (if applicable)		
	iii) Earliest Date Available, if Appointed		
CHARACTER REFEREES Give the particulars of 2 referees who are not related to you. They should be responsible persons who know you well with regard to your character & work performance. One of them should be well-acquainted with you in your private life while the other should know you well in an official capacity. Both referees should be gainfully employed.	Name		
	Address & Tel No		
	Occupation		
	Relationship		
	Year(s) known)		

NATIONAL SERVICE If applicable, a copy of your Certificate of Service must accompany your application.	i) * Full Time / Part Time / Exempted / Yet-to-Complete / Yet-to-Serve / Not Applicable	
	ii) If you have signed on for contract service with the Singapore Armed Forces (SAF), please indicate the period of such service.	
	iii) Rank	iv) Vocation
	v) Enlistment Date	vi) ORD
ANY MEDICAL CONDITIONS TO DECLARE Give details of any physical disability, mental illness, prolonged ill-health or impediment in speech or hearing, etc		
ANSWER THE FOLLOWING QUESTIONS BY DELETING "YES" OR "NO". IF "YES", PLEASE SPECIFY.		
Have you ever been convicted in a court of law in any country?	* Yes/ No	
Have you ever been dismissed or discharged from any of your previous employment?	* Yes/ No	
Are you presently in debt?	* Yes/ No	
Have you any obligations under promissory notes either as a principal or surety?	* Yes/ No	
Have you previously applied for employment with CDAC? (If "Yes", give date(s) of application & position(s) applied for)	* Yes/ No	
ANY OTHER INFORMATION WHICH IS IMPORTANT TO YOU AND HELPFUL TO US (Please attach a separate sheet if the space is insufficient)		
DECLARATION I declare that the above information and those on the attached sheets are true and correct to the best of my knowledge and belief and that I have not wilfully suppressed any material fact.		
_____ Name and Signature of Applicant		_____ Date

* Delete where not applicable

Please send your completed application form to:

CHINESE DEVELOPMENT ASSISTANCE COUNCIL

CDAC Building

65 Tanjong Katong Road

Singapore 436957

(Please indicate on the envelope the appointment you are applying)