

CONFIDENTIAL

SINGAPORE AIRLINES



A recent photograph
of yourself

APPLICATION FOR EMPLOYMENT

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

1. This form is to be completed in block letters.
2. Do not leave any item blank. If it is not applicable to you, indicate 'N.A.'.
3. For those items accompanied by an *, please circle the appropriate item.
4. False particulars or wilful suppression of material facts will render you liable to disqualification, or, if appointed, to dismissal and/or appropriate legal proceedings.
5. SIA does not enter into correspondence with regard to the reasons for non-selection of candidates.
6. This form has been designed to provide us with your basic information for processing of your application for employment with us. It also serves as our personal record should you be employed.
7. Please note that some of the information required below, such as race, religion, marital status, are for administrative purposes only and does not factor into the hiring process.

A POST APPLIED FOR (State advertisement/ medium and date)						
B FULL NAME as stated In NRIC or Passport (<u>Underline Surname/</u> <u>family name</u>)	Dr/Mr/Miss/Mrs/Mdm*				NRIC NO (FOR SINGAPORE CITIZENS OR PERMANENT RESIDENTS) Pink/Blue*	
C ADDRESS AND CONTACT NUMBER	Residential Address				Home Tel	
	Postal Address (if different from above)				Pager/Handphone No	
	E-mail Address				Office Tel	
D NATIONALITY, RACE, MARITAL STATUS, RELIGION, HEIGHT AND DRIVING LICENCE	Date of Birth	Age	Weight	Height	Place of Birth	Nationality
	Race: Chinese/Malay/Indian/ Eurasian/Others (please specify)*				Religion: Buddhist/Muslim/Christian/Hindu/Others*	
	Marital Status: Never Married/Married/Widowed/Divorced/Separated*				If registered as Singapore citizen, please state registration number and date of issue of Citizenship.	
	FOR NON-SINGAPORE CITIZEN please state Passport or Identity Card number and country of issue				NO ----- DATE -----	
	SINGAPORE PERMANENT RESIDENT STATUS: Yes/No*					
	If yes, please provide: Reference Number ----- Date obtained -----					
Do you hold a driving licence? If so, what class of license?						
E EMPLOYMENT PASS AND WORK PERMIT (FOR NON CITIZEN)	Employment Pass/Work Permit* Number		Date of Issue		Expiry Date	
F NATIONAL SERVICE (For Singapore Citizens and Permanent Residents only)	Liability: FULL-TIME/PART-TIME/EXEMPTED/REGULAR*					
	Enlistment Date		Operationally Release Date		Highest Rank Attained	
	Vocation			Unit Attached To		
	If Exempted, state reasons for Exemption					

G PARTICULARS OF NEXT-OF-KIN (FAMILY MEMBER or SPOUSE, if married)	Name		NRIC/Passport No		Relationship		
	Date of Birth		Race		Religion		
	Home Address				Home Telephone		
	Occupation/Employer				Citizenship		
H PARTICULARS OF YOUR CHILDREN (Whether by birth or adoption)	Name		NRIC/Birth Certificate No	Occupation, Name of Employer/School (if applicable)		Relationship to Applicant	Date of Birth
I PARTICULARS OF PARENTS/BROTHERS/SISTERS	Name		NRIC/Passport No	Occupation, Name of Employer/School (if applicable)		Relationship to Applicant	Date of Birth
J QUALIFICATIONS (Attach relevant certificates for each category)							
GCE 'O'/SPM* (or equivalent, please state):				GCE 'A'/STPM* (or equivalent, please state):			
Name of School		Year:		Name of School		Year:	
Subject		Grade		Subject		Grade	
Diploma/Special Courses (other than degree)				Institution/Year of Graduation			
FIRST DEGREE		Institution & Country		From:			
		Degree studying for/obtained (please state major if any)		To:			
				Class of Honours or Grade Point Average Expected/Awarded*			
Higher Degree/Post-Graduate/Professional Qualification							

K CHARACTER REFEREES Give particulars of 2 referees (other than relatives). They should be responsible persons who know you well and at least one should be well acquainted with you in your private life. Names of distinguished persons must not be given unless they know you well and have agreed to be your referees. Testimonials from these referees should not be sent. SIA will write to them if necessary.	Name	
	Address	
	Occupation and organisation	Period Known
	Name	
	Address	
	Occupation and organisation	Period Known

L EXTRA CURRICULAR ACTIVITIES
 (State your ECA in secondary school/college/university/workplace. Please only list ECAs which you were a member of for a year or more.) Use a separate sheet if space is insufficient.

Type of ECA (State level of participation and office held if applicable)	Name of Institution	Duration

M CURRENT EMPLOYER

Name & Address of Company	Current Position	Period with company		Present salary		Bonus/AWS/Fringe Benefits	Reason for wanting to leave
		From mth/yr	To mth/yr	Basic	Allowances		

N PREVIOUS EMPLOYMENT HISTORY, INCLUDING SELF-EMPLOYMENT EXPERIENCE AND PART-TIME JOBS including any modelling or acting assignments (Use separate sheet if space is insufficient.)

Name & Address of Company	Position held	Period with company		Present salary		Bonus/AWS/Fringe Benefits	Reason for leaving
		From Mth/yr	To mth/yr	Basic	Allowances		

REFERENCE TO PREVIOUS EMPLOYERS AND SALARY EXPECTED

Do you object to reference being made to your present/previous employers? If yes, why?	Notice period required by your employer	Salary Expected

O LANGUAGES

State the language you can write and speak and standard of proficiency – **Fluent, Good, Satisfactory, Poor**

Language	Standard		Language	Standard	
	Written	Spoken		Written	Spoken

P ANSWER THE FOLLOWING QUESTIONS BY INDICATING (✓) IN THE APPROPRIATE BOX. IF "YES" GIVE DETAILS IN THE RIGHT HAND COLUMN			
1. Have you ever been charged with any offence or convicted by any Court or detained by the authorities under the provisions of any law in any country? (Important: Please note you must give full details of any charges made against you even if you were eventually acquitted by the Court).	Yes	No	
2. Has any bankruptcy action ever been taken against you?			
3. Has any Court judgement or order ever been made against you ordering you to pay a debt to someone?			
4. Have you signed a promissory note or an acknowledgement of indebtedness for which the amount pledged has not already been fully repaid?			
5. Have you ever been employed in any capacity with SIA, its predecessors or its subsidiaries? Give designation, period of employment and reason for leaving.			
6. Have you applied on any previous occasions for employment in any capacity with SIA? Give date and position applied for.			
7. Do you have any relatives who are currently employed by SIA? If yes, please give designation, name and relationship.			
8. Are you involved in any business undertaking? (e.g. Directorship, Partnership, etc.)			
9. Have you suffered from any mental illness or any physical illness or disability for which you have received medical treatment? (e.g. diabetes, tuberculosis, epilepsy, asthma, etc.)			
10. Are you confident to swim with a life jacket?			
11. Have you any tattoos, visible scars, birthmarks and/or pigment spots on your face, neck, hands, lower arms and lower legs?			
12. a. Are you currently wearing any dental braces? If yes, please proceed to question 12b.			
b. Please state expected date of removal of braces.	NA	NA	Date of Removal of Braces:

Q DECLARATION

I declare that the information given by me in this application for employment is true to the best of my knowledge and that I have not wilfully withheld any relevant particulars.

This declaration shall, if I am employed by the Company, be part of my contract of service. I accept that if any of the information given by me in this application for employment is in any way false, or incorrect, the Company shall have the right to reject my application, withdraw any offer of employment or dismiss me without notice and without assigning any reason.

I give consent to the Company to collect, use and disclose all information provided in this application for employment, including but not limited to any of my personal data, for the purposes of, inter alia, assessing my suitability of employment with the Company and for administering and facilitating the job application process.

I also understand that the Company may disclose my personal data to and with its subsidiaries and third parties for the purposes mentioned above. I agree that the Company may retain the information provided for as long as it is necessary to fulfill the purpose for which it was collected, the legal or business purposes of the Company, or as required by relevant laws.

When destroying the information provided, I understand that the Company will take commercially reasonable and technically possible measures to make the personal information irrecoverable or irreproducible in accordance with the applicable laws.

Signature: ----- Date: -----