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## JOB APPLICATION FORM

### INSTRUCTIONS

- The application form must be filled in accordance with the instructions on this form.  
FAILURE TO COMPLY WITH THE INSTRUCTIONS MAY SERIOUSLY AFFECT THE CONSIDERATION OF THE APPLICATION.
- The Application Form must be duly completed and returned.
- ONE TRUE COPY of each of your birth and education certificates (including transcripts) and testimonials (if any) must accompany the application; the originals should NOT be forwarded but must be produced later if required. If your originals have been misplaced, please obtain authenticated duplicates of certified true copies from the issuing authorities. All attachments to your application must bear your name.
- False particulars or wilful suppression of materials facts will render you liable to disqualification, or – dismissal, if appointed, and/or appropriate legal proceeding.

### POSITION (S) APPLIED FOR

POSITION RESPONDED THROUGH    Careers@Gov        SCB Website   

Other Job Portals     \_\_\_\_\_    Agency     \_\_\_\_\_

Recommended by     \_\_\_\_\_    Others     \_\_\_\_\_

### PERSONAL PARTICULARS

FULL NAME IN NRIC / PASSPORT (Underline surname):	CHINESE CHARACTERS
ADDRESS: (Residential)	CITIZENSHIP: <input type="checkbox"/> S'PORE CITIZEN <input type="checkbox"/> S'PORE PR <input type="checkbox"/> OTHERS: _____
NRIC / PASSPORT / FIN NO:	COUNTRY OF BIRTH:
EMAIL ADDRESS:	ID TYPE: <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> PASSPORT
NS PERIOD (FOR MALE)    DATE OF ENLISTMENT:	CONTACT NO.:
NS PERIOD: <input type="checkbox"/> EXEMPTED <input type="checkbox"/> 2 YRS <input type="checkbox"/> 2.5 YRS    FITNESS CUT PERIOD: _____    OTHERS: _____	ORD:

### FAMILY PARTICULARS (for administration purposes)

NAME (as in NRIC / Passport)	NRIC / DOB	SCHOOL / COMPANY	OCCUPATION	RELATIONSHIP

**EMERGENCY CONTACT**

NAME:	RELATIONSHIP:
ADDRESS:	TEL NO.: HP NO.:

**WORK EXPERIENCE** Share with us your work experiences starting with the most current/recent employer

PERIOD		NO. OF YRS	NAME OF COMPANY	DESIGNATION	BASIC SALARY PER MTH (\$)		ALLOWANCES & BONUS (Optional)	REASONS FOR LEAVING
FROM (DD/MM/YY)	TO (DD/MM/YY)				STARTING	LAST DRAWN (Optional)		

**MY COMPETENCIES** (Please indicate the key competency and its proficiency level which will be relevant for the role that you are applying for)

Competency (E.g. Microsoft Office)	Proficiency Level (1 being the lowest & 10 being the highest)
1)	Choose an item.
2)	Choose an item.
3)	Choose an item.
4)	Choose an item.
5)	Choose an item.

**MY QUALIFICATIONS** Please indicate your qualifications starting with your highest academic qualification

I am currently studying (if applicable)

QUALIFICATION(S) / COURSE OF STUDY (e.g. Diploma in Engineering) <small>*Degree holders to indicate level of academic achievement (e.g Honors/Distinction/Merit/Passed)</small>	INSTITUTION (Name of School)	PERIOD	
		FROM (DD/MM/YY)	TO (DD/MM/YY)

**MY PROFESSIONAL REGISTRATION**

YEAR OF REGISTRATION	PROFESSIONAL BOARD

**LANGUAGE ABILITIES**

SPOKEN	
WRITTEN	

**DECLARATIONS**

(1) I hereby give my consent to Science Centre Board to:

- (a) Obtain and verify information from or with any source (including third parties) as may be deemed appropriate by the relevant Government agency for the purposes of assessing my application for employment; and
- (b) Share my personal data set out in this application form and any other personal data subsequently provided by me in connection with my application for employment with other Government agencies for the purposes of recruitment and review of recruitment practices and for such personal data to be also used as part of de-identified and aggregated data for reporting purposes.

(2) I declare that all the information given by me in this application for employment and any additional documents attached hereto are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected, any offer of employment may be withdrawn, my employment with the Service may be terminated summarily or I may be dismissed from the Service.

By signing below, I hereby certify that I have read and understood all of the clauses above and that I agree to all of them.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

MY INFORMATION
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mdm
Name: _____
Last Drawn Monthly (S\$): _____
Annual (S\$): _____
Expected Gross Salary (S\$): _____
Earliest Available Date: _____

CHARACTER REFEREES Please provide particulars of two persons who are not related to you. They should be responsible persons who know you well with regard to your character and work performance. The Centre may contact the referees stated.		
	Referee 1	Referee 2
Full Name		
Relationship		
Job Title, Organisation		
Years Known		
Email Address		
Contact Number		

ADDITIONAL QUESTIONS The following questions may be discussed during the interview	
1. Do you have any existing medical condition, physical impairment or substance dependence (i.e. dependence on alcohol, drugs, etc, excluding prescription by a certified medical professional)?  <i>(Note: Having mental health conditions or seeking treatment will not affect a person's suitability for the role, if the conditions are appropriately managed)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have existing criminal record(s) in Singapore or overseas (excluding parking offences or spent records)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been convicted or charged with any offence in a court of law (excluding parking offences), or are currently a subject of police investigations, either in Singapore or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever joined any local or foreign society, club, association, organisation or professional body as a member or an office holder?  <i>(Note: Co-curricular activities at the secondary and Junior College/Polytechnic levels need not be declared.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you an undischarged bankrupt or do you have any outstanding unsecured <sup>1</sup> debts that are more than 3 months' of your current/last drawn gross salary?  <sup>1</sup> <i>Unsecured debts refers to debts that are not backed by collateral. Examples of such debts include, <u>but are not limited to</u>, credit card instalment plans, personal loans, credit lines, overdrafts.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever applied, or have the intention to apply for any foreign citizenship, or permanent residence or other long-term residency visa in a foreign country within the next 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you broken any bond, left an employer without serving your period of moral obligatory service or are currently serving any bond or moral obligatory service (e.g. bonds associated with scholarships or obligatory service related to training awards or no-pay leave, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the questions, please provide details:

**DECLARATION**

I declare that all the information given by me in this Annex B1 is true to the best of my knowledge, and that I have not wilfully suppressed any material fact. I accept that if any such information given by me is in any way false or incorrect, my application may be rejected, any offer of employment may be withdrawn, my employment with the Service may be terminated summarily, or I may be dismissed from the Service.

By signing below, I hereby certify that I have read and understood all of the clauses above and that I agree to all of them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_